

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD

K.A.R. 82-3-117

Notice: Fill out COMPLETELY
and return to Conservation Division at
the address below within
60 days from plugging date.

OPERATOR: License #:
Name:
Address 1:
Address 2:
City: State: Zip:
Contact Person:
Phone:
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
Water Supply Well Other: SWD Permit #:
ENHR Permit #: Gas Storage Permit #:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)
Depth to Top: Bottom: T.D.
Depth to Top: Bottom: T.D.
Depth to Top: Bottom: T.D.

API No. 15 -
Spot Description:
- - - - - Sec. Twp. S. R. East West
Feet from North / South Line of Section
Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE NW SE SW
County:
Lease Name: Well #:
Date Well Completed:
The plugging proposal was approved on: (Date)
by: (KCC District Agent's Name)
Plugging Commenced:
Plugging Completed:

Show depth and thickness of all water, oil and gas formations.

Table with 6 columns: Formation, Content, Casing, Size, Setting Depth, Pulled Out. Sub-headers: Oil, Gas or Water Records; Casing Record (Surface, Conductor & Production)

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: Name:
Address 1: Address 2:
City: State: Zip:
Phone:
Name of Party Responsible for Plugging Fees:
State of County, , ss.
(Print Name) Employee of Operator or Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

Summary of Changes

Lease Name and Number: MICHEL A GU 2

API/Permit #: 15-007-23411-00-00

Doc ID: 1598997

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	11/10/2021	11/12/2021
CasingRecordPulled_2	2840	3030