KOLAR Document ID: 1646402

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

Kansas Corporation Commission Oil & Gas Conservation Division

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #:			l API No	o. 15 -		
Name:				Spot Description:		
Address 1:				Sec Twp S. R East West		
Address 2:				Feet from North / South Line of Section		
City:				Feet from East / West Line of Section		
Contact Person:				Footages Calculated from Nearest Outside Section Corner:		
Phone: ()				NE NW	SE SW	
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:				County: Well #:		
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:		
Is ACO-1 filed?				The plugging proposal was approved on: (Date)		
Producing Formation(s): List All (If needed attach another sheet)				by:(KCC District Agent's Name)		
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth t	om: T.D	Pluggii	Plugging Completed:			
Depth t	o Top: Bott	om: T.D				
Show depth and thickness of	all water, oil and gas forn	nations.				
Oil, Gas or Water Records Casir			Casing Record (S	g Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
	. 0	ged, indicating where the muc of same depth placed from (bo	•		ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	ə:		
Address 1: Addr			Address 2:			
City:			State: _		Zip:+	
Phone: ()						
Name of Party Responsible for	or Plugging Fees:					
State of County,			, ss.			
				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.