KOLAR Document ID: 1657233

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 #: | | | | API No. 15 | | |
|---|------------------------------|--|-------------------|---|--|--|
| Name: | | | | Spot Description: | | |
| Address 1: | | | | Sec Twp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section | | |
| Address 2: | | | | | | |
| City: | | | | | | |
| Contact Person: | | | | Footages Calculated from Nearest Outside Section Corner: | | |
| Phone: () | | | | NE NW SE SW County: Lease Name: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) | | |
| 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 | | | | Plugging Commenced: | | |
| Depth to Top: Bottom: T.D | | | | g Completed: | | |
| | | | | | | |
| Show depth and thickness | ss of all water, oil and gas | formations. | | | | |
| Oil, Gas or Water Records | | | Casing Record (Su | Casing Record (Surface, Conductor & Production) | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t | · | | ods used in introducing it into the hole. If | |
| Plugging Contractor License #: | | | _ Name: | e: | | |
| Address 1: Addre | | | _ Address 2: | | | |
| Dity: | | | State: | | | |
| Phone: () | | | | | | |
| Name of Party Responsi | ble for Plugging Fees: | | | | | |
| State of | Cou | unty, | , SS. | | | |
| (Print Name) | | | E | mployee 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.