KOLAR Document ID: 1681020

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:						
Address 2:					Feet from	
City: State: Zip: +				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 #: 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.				County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:		
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water Records			Casing F	sing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out
cement or other plugs were us	sed, state the character of	same depth placed from (bot	ttom), to (top) for each	n plug set.	
Plugging Contractor License #:				ne:		
Address 1:				ldress 2:		
City:				State:		Zip:+
Phone: ()				-		
Name of Party Responsible fo	r Plugging Fees:					
State of	County, _			, SS.		
				Fmi	plovee of Operator or	Operator on above-described well,
(Print Name)					p. 5,00 or Operator of	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.