KOLAR Document ID: 1687819

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:							
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	Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us	. 00			•		ds used in introducing it into the hole. If	
Plugging Contractor License #:				me:			
Address 1:				ddress 2:			
City:				State:		Zip:+	
Phone: ()				-			
Name of Party Responsible fo	r Plugging Fees:						
State of			, SS.				
					nlovee of Operator or	Operator on above-described well,	
(Print Name)				=[[[]	pioyee of 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.