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:				SecTwp S. R EastWest 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 #:							
								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								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 to Top: Bottom: T.D											
Depth to Top: Bottom: T.D											
Show depth and thickness of a	all water, oil and gas form	ations.									
Oil, Gas or Water Records			Casing Record	asing 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	tom), to (top) fo	or each plug set.							
Plugging Contractor License #:				e:							
Address 1: Address											
City:			Stat	e:		Zip: +					
Phone: ()											
Name of Party Responsible fo	r Plugging Fees:										
State of	County,		, ss	i.							
(Print Name)				Employee of 0	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.