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 #	:		APIN	No. 15		
Name:				Spot Description:		
Address 1:				Sec		
				Feet fron		
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 #: 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.				County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:		
·						
Depth to Top: Bottom: T.D						
De	epth to Top:	Bottom:T.D				
Show depth and thickne	ess of all water, oil and gas	s formations				
			Casing Record	(Surface, Conductor & Prod	duction)	
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
· omaton	Comon	- Cubing	0.23	Johnning 2 op in	. 4.154 541	
		cter of same depth placed fron	•		ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	ne:		
Address 1: Addr			Address 2:			
City:			State	:		
Phone: ()						
Name of Party Respons	sible for Plugging Fees:					
State of	Co	unty,	, SS.			
				Employee of Operator of	r Operator on above-described well,	
	(Print Na			Employee of Operator of	Detailed 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.