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: City: State: Zip: +				SecTwp S. R EastWest Feet from North / South Line of Section Feet from East / West Line of Section									
							Contact Person:				Footages Calculated from Nearest Outside Section Corner:		
							Phone: ()				NE NW SE SW County: Lease Name: Well #: Date Well Completed:		
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	,	*			(KCC District Agent's Name)								
Depth to Top: Bottom: T.D				Plugging Commenced:									
Depth to Top: Bottom: T.D				Plugging Completed:									
Depth	to Top: Bot	tom:T.D											
Show depth and thickness of	f all water, oil and gas forr	nations.	I										
Oil, Gas or Water Records			Casing Record	Casing Record (Surface, Conductor & Production)									
Formation	Content	Casing	Size	Setting Depth	Pulled Out								
		ged, indicating where the mu of same depth placed from (bo			ods used in introducing it into the hole. If								
Plugging Contractor License #:			_ Name:										
Address 1:			_ Address 2:										
City:			State	e:									
Phone: ()													
Name of Party Responsible f	or Plugging Fees:												
State of County,			, ss										
				Employee of Operator or	r 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.