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 #:			AP	I No. 15		
Name:				Spot Description:		
Address 1:				SecTwp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section		
Address 2:						
City: State: Zip: +						
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 #:				County: 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 A	•	,			(KCC District Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to Top: Bottom: T.D				Plugging Completed:		
Depth to	o lop: Bott	om:T.D				
Show depth and thickness of a	all water, oil and gas form	nations.	1			
Oil, Gas or Water Records			Casing Recor	Casing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us					ods used in introducing it into the hole. If	
Plugging Contractor License #:						
Address 1:			_ Address 2:			
ity:			Sta	te:		
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of County,			, s	_		
(Print Nama)				Employee of Operator of	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.