Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.



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:				Sec Twp S. R East West				
Address 2:				Feet from North / South Line of Section				
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				County:				
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:				
ENHR Permit #: Gas Storage Permit #:				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 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				Plugging Completed:				
Depth to Top: Bottom: T.D								
Show depth and thickness of a	all water, oil and gas forn	nations.						
Oil, Gas or Water Records Casing				Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us								
Plugging Contractor License #:								
Address 1:			Address 2	ddress 2:				
City:				State: _		Zip:	+	
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County,		, ss					
						above described well		
(Print Name)								
being first duly sworn on oath, the same are true and correct	-	edge of the facts statements, a	and matters	herein o	contained, and the log of	the above-describ	ped well is as filed, and	
Signature:								