**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:											
								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 #:				County: Well #:											
ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No					Date Well Completed:										
			140												
Producing Formation(s): List All (If needed attach another sheet)  Depth to Top: Bottom: T.D					by: (KCC <b>District</b> Agent's Name)										
Depth to Top: Bottom: T.D				Plugging Commenced:											
Depth to Top: Bottom:T.D				Plugging Completed:											
Show depth and thickness of a	all water, oil and gas for	mations.													
Oil, Gas or Water Records			Casing	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 introduci	ng it into the hole. If								
Plugging Contractor License #:				ime:											
Address 1:			Address	s 2:											
City:				_ State:		Zip:	+								
Phone: ( )				_											
Name of Party Responsible fo	r Plugging Fees:														
State of	County,			, ss.											
					nployee of Operator or	Operator on al	oove-described well,								
being first duly sworn on oath, the same are true and correct,	•		and matte												
Signature:															