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 #:			l APIN	o. 15 -		
OPERATOR: License #:				API No. 15 Spot Description:		
Address 1:						
Contact Person:						
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:		
Depth to Top: Bottom: T.D						
Depth to	o Top: Bot	tom:T.D		ing Completed.		
Show depth and thickness of	all water, oil and gas for	mations.				
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
	•	gged, indicating where the mu of same depth placed from (bo	•		ds used in introducing it into the hole. If	
Plugging Contractor License #:			_ Name:	e:		
Address 1: Addr			_ Address 2:			
City:	y:				Zip:++	
Phone: ()						
Name of Party Responsible for	or Plugging Fees:					
State of	,	, SS.				
(Print Name)				Employee of Operator or	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.