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:				Sec		
				Feet fron		
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 #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No				County: Well #: Date Well Completed: (Date)		
Producing Formation(s):	List All (If needed attach a	another sheet)	by:		(KCC District Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to Top: Bottom: T.D				Plugging Completed:		
De	epth to Top:	Bottom:T.D		,g • •p. • . • . • . • . • . • . • .		
	ss of all water, oil and gas	s formations.				
Oil, Gas or Water Records				g Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
		plugged, indicating where the cter of same depth placed from	•		nods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	ne:		
Address 1: Addre			Address 2:			
City:			State	:		
Name of Party Responsi	ible for Plugging Fees:					
State of	Co	unty,	, SS.			
				Employee of Operator of	or Operator on above-described well,	
	(Print Na			=mpio, so oi operator o	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.