KOLAR Document ID: 1735598

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:	Footages Calculated from Nearest Outside Section Corner:
Type of Well: (<i>Check one</i>) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #:	NE NW SE SW County:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	Records		Casing Record (Surfa	ce, Conductor & Produc	tion)
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:	Name:
Address 1:	Address 2:
City:	State: Zip: +
Phone: ()	
Name of Party Responsible for Plugging Fees:	
State of County,	, 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.

Submitted Electronically

	(785) 639-394	19 • Fi	Hour Phone (785)	639-7269	LOCATION_	Horie	
	licelant an		mail: franksoilfield		FOREMAN	Jack	
		FIEL		EATMENT REP	ORT		
DATE	CUSTOMER .	IANTI I		IENT			
	CUSTUMEN .	In .	NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
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	ARP O	peratan 20		TRUCK #	DRIVER	TRUCK	DRIVER
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AUTHORIZATION_

TITLE_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

DATE_