KOLAR Document ID: 1736664

**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:   |                                |                                |      |  |   | Twp S. R East West                           |
|  |                                |                                |      |  | Feet from                               |  |
| 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: The plugging proposal was approved on: (Date) |   |  |
|  | : List All (If needed attach a | •                              |      | by:  |   | (KCC <b>District</b> Agent's Name)           |
| Depth to Top: Bottom: T.D  |                                |                                |      | Plugging Commenced:  |   |  |
| Depth to Top: Bottom: T.D  |                                |                                |      | Plugging Completed:  |   |  |
| Do   | epth to Top:                   | Bottom:T.D                     |      |  |   |  |
| Show depth and thickne   | ess of all water, oil and gas  | formations.                    |      |  |   |  |
| Oil, Gas or Water Records Casing   |                                |                                |      | g Record (Surface, Conductor & Production)   |   |  |
| Formation  | Content                        | Casing                         | Size |  | Setting Depth                           | Pulled Out                                   |
|  |                                |                                |      |  |   |  |
|  |                                |                                |      |  |   |  |
|  |                                |                                |      |  |   |  |
|  |                                |                                |      |  |   |  |
|  |                                |                                |      |  |   |  |
|  |                                |                                |      |  |   |  |
|  |                                | cter of same depth placed from |      |  |   | ods used in introducing it into the hole. If |
| Plugging Contractor License #:   |                                |                                |      | ıe:  |   |  |
| Address 1: Ad  |                                |                                |      | ess 2:   |   |  |
| City:  |                                |                                |      | State:   |   | Zip:+  |
| Phone: ( )   |                                |                                |      |  |   |  |
| Name of Party Respons  | sible for Plugging Fees:       |                                |      |  |   |  |
| State of   | Co                             | County,                        |      | , SS.  |   |  |
|  |                                |                                |      | Em   | nployee of Operator or                  | r Operator on above-described well,          |
|  | (Print Na                      |                                |      |  | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |

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.