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 #:			I A	PI No. 1	15	
Name:				Spot Description:		
Address 1:				Sec Twp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section		
Address 2: State: Zip: +						
Phone: ()				NE NW SE SW County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced:		
Depth to Top: Bottom: T.D						
Depth to	Top: Botto	om:T.D		00 0	·	
Show depth and thickness of a	all water, oil and gas form	ations.	<u> </u>			
Oil, Gas or Water		Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out
Describe in detail the manner cement or other plugs were us		•	•			ds used in introducing it into the hole. If
Plugging Contractor License #:				r:		
Address 1: Addres						
City:	ty:			tate:		Zip:++
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of	County, .			SS.		
	•				mployee of Operator or	Operator on above-described well,
(Print Name)				=1	inhioyee or Operator of	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.