KOLAR Document ID: 1743991

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: Address 2: City: State: Zip: + | | | | Sec Twp S. R East West Feet from North / South Line of Section 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 Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. | | | | County: Well #: Date Well Completed: The plugging proposal was approved on: (Cate) by: (KCC District Agent's Name) | | | | | | | | | |
| | | | | | | | Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | |
| | | | | | | | | | | | Plugging Completed: | | |
| | | | | | | | | | | | | | |
| Show depth and thick | ness of all water, oil and gas | formations. | | | | | | | | | | | |
| Oil, Gas or Water Records | | | Casing Record (Su | Casing Record (Surface, Conductor & Production) | | | | | | | | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | cter of same depth placed from | · | | ods used in introducing it into the hole. If | | | | | | | | |
| Plugging Contractor License #: | | | Name: | ıe: | | | | | | | | | |
| Address 1: Addres | | | Address 2: | | | | | | | | | | |
| City: | | | State: | | | | | | | | | | |
| Phone: () | | | | | | | | | | | | | |
| Name of Party Respon | nsible for Plugging Fees: | | | | | | | | | | | | |
| State of | Co | unty, | , SS. | | | | | | | | | | |
| | | | | mployee of Operator o | r Operator on above-described well, | | | | | | | | |
| | (Print Na | me) | | , -, | | | | | | | | | |

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.