KOLAR Document ID: 1794826

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 Twp S. R East West			
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section			
City:							
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 #:				County:			
ENHR Permit #: Gas Storage Permit #:				Lease Name: Well #:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed:			
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC District Agent's Name)			
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to Top: Bottom:T.D				Plugging Completed:			
	·						
Show depth and thickness of	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
cement or other plugs were u		_				ds used in introducing it into the hole. If	
Plugging Contractor License #:				e:			
Address 1:			Address 2:				
City:			S	state:		Zip:+	
Phone: ()							
Name of Party Responsible for	or Plugging Fees:						
State of	County, _			SS.			
					onlovee of Operator or	Operator on above-described well,	
(Print Name)					iployed of 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.