KOLAR Document ID: 1801264

**Notice:** Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

## 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 #:			l AP	I 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 #:  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.  Depth to Top: Bottom: T.D.				County: Well #: Well #: (Date Well Completed: (KCC District Agent's Name)  Plugging Commenced: Plugging Completed:			
Show depth and thickness of	all water, oil and gas form	ations.					
Oil, Gas or Wate		Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		ged, indicating where the mud if same depth placed from (bot				ds used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	me:			
Address 1:			Address 2:	ddress 2:			
City:			Sta	te:		Zip:+	
Phone: ( )							
Name of Party Responsible for	or Plugging Fees:						
State of	County,			3.			
(Print Name)				Employee of Operator or Operator on above-described well,			

**Submitted Electronically** 

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