KOLAR Document ID: 1482904

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 Reco

Rd

Form c P-4 march 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License	#:	.0	API No.	15		
Name:		12019	Spot De			
Address 1:		1/271 TED		Sec	Twp S. R East West	
Address 2:				Feet from North / South Line of Section		
OPERATOR: License #: Name:				Feet fron	n East / West Line of Section	
Name: Address 1: Address 2: City: Contact Person: Phone: (Footages Calculated from Nearest Outside Section Corner:		
Phone: ()	DERMAECT	Herman)		NE NW	SE SW	
Water Supply Well Corner: Gik per SWD Permit #: ENHR Permit #: Gas Storage Permit #:				County: Well #:		
				is ACC-1 liled: les NO II liot, is well log attached: les NO		
,	s): List All (If needed attach a	nother sheet) Bottom: T.D			(KCC District Agent's Name)	
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				Plugging Commenced:		
		Bottom:T.D	Plugging	Plugging Completed:		
	<u></u>	1.b				
Show depth and thickr	ness of all water, oil and gas	formations.				
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
		plugged, indicating where the mater of same depth placed from (ods used in introducing it into the hole. If	
Address 1:			Address 2:			
City:			State:			
Phone: ()						
Name of Party Respor	nsible for Plugging Fees:					
State of	Col	unty,	, SS.			
	(Print Na	mal	E	imployee of Operator o	r 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.