

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

1168049

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:			API N	No. 15				
Name:				Description:				
Address 1:				Sec T	wp S. R East West			
Address 2:				Feet from	North / South Line of Section			
City: State: Zip: +				Feet from East / West Line of Section				
Contact Person:			Foota	ages Calculated from Near	est Outside Section Corner:			
Phone: ()				NE NW	SE SW			
Type of Well: (Check one)			ic Cour	nty:				
Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #:			Leas	_ease Name: Well #: Date Well Completed:				
			Date					
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes			roved on: (Date)			
Producing Formation(s): List A			, ,		(KCC District Agent's Name)			
Depth to		m: T.D	l Plugo	ging Commenced:				
Depth to		m: T.D	Plugg	Plugging Completed:				
Depth to	o Top: Botto	m: T.D						
Ob d	all contain all and man famous							
Show depth and thickness of		ations.	0 : 0 :	(0.1				
Oil, Gas or Water				Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
cement or other plugs were us	. 00				ods used in introducing it into the hole. If			
Plugging Contractor License #:			Name:	ie:				
Address 1:			Address 2:					
City:			State	:	Zip:+			
Phone: ()								
Name of Party Responsible fo	or Plugging Fees:							
State of	County, _		, SS.					
	(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

STATEMENT

10785

ELMORE'S INC.

Box 87 - 776 HWY99 Sedan, KS 67361

Date 10-3-13

Cell: (620) 249-2519 Eve: (620) 725-5538

Custon	ner Konsas Energy						
Addres	s			<u> </u>			
City	State Zip						
Qty.	Description	Price	Amount				
4	hr Coment Pamp	110,00	440,	00			
2/	hr Water Truck	8500		00			
1	Baulk Tank	85,00	85,	00			
3	SKS Gel	16,00	48,				
150	SKS Cement	10,00	1500,	00			
2	Perforations 900+550	200,00	400,	20			
			2813,	00			
	Plug Joh Kennan 19	Tay_	229,	26			
	Ran 1" To 1300' Gel	选	3042	26			
	Hole Spotted 20 SKS						
(Coment Fulled I" Out						
	Personated Casing At 900	/ *					
	+ 550' Ran 1" IN West	10					
	900' Spotted 105ks 5760	Posina					
	Pulled Up to 550 Cema	teal					
esterior.	10 Surface Inside + O	utside					
	Casing With 120 SKS	Penert.					
	Thank You - We appreciate your bus						
	Rec'd. by	y y y y					
TERM	S: Account due upon receipt of services. A 11/2% Service	Charge, which	h is an annu	al			

percentage rate of 18% will be charged to accounts after 30 days.