

**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

#### 1173467

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 No. 15			
Name:				Spot Description:			
Address 1:				Sec T	ſwp 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				
Phone: ( )							
Type of Well: (Check one) (Compared to the Charles) (Compared to the Charles) (Compared to the Charles) (Check one) (Check one	Other: Gas Sto	OG D&A Cathodi  SWD Permit #:  rage Permit #:  log attached? Yes	Leas Date				
Producing Formation(s): List A	All (If needed attach another	sheet)			(KCC <b>District</b> Agent's Name)		
		m: T.D					
Depth to	o Top: Botto	m: T.D	1				
Depth to	o Top: Botto	m:T.D	Plugg	ging Completed:			
Show depth and thickness of	all water, oil and gas forma	ations.					
Oil, Gas or Water	r Records		Casing Record	(Surface, Conductor & Produ	uction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
cement or other plugs were us			•		ods used in introducing it into the hole. If		
Plugging Contractor License #:			Name:	ame:			
Address 1:			Address 2:				
City:			State	:	Zip:+		
Phone: ( )							
Name of Party Responsible fo	or Plugging Fees:						
State of	County		. 88				
				Franksis of Orest	Operator on alternative to the		
	(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

10916

# ELMORE'S INC.

Box 87 - 776 HWY99 Sedan, KS 67361

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

Date				
1	2-1	7-	13	

Customer Tim Daty									
Addres	ss/								
City	State	Zip							
Qty.	Description	Price	Amou	ınt					
4	he Pulling Unit	120,00	480,	00					
3	her Coment Pump	110,00	3 30,						
3	hr Vac Truck	85.00	255,	00					
	Boulk Tank	85,00	85,	00					
120	SKS Cemont	10,00	1200,	00					
1240	1" Tubia	-10	124.	00					
3	SKS Gel	16.00	48,	00					
			2522,	00					
	No Cachiney	Jay	205,	54					
	Plug Jab Belman New 42	1 %	2727.	54					
	Ran 1" To 1240' Gel								
	Hole Spotted 20 sks Con	eut							
	Pulled Upto 800' Spotted/	5SES							
	Comput fulled Upto 35	01							
14	Next Day Computed To Sun	Jour		1-, W					
	With 85 SKS Compute								
Thank You - We appreciate your hysiness!									

Thank You – We appreciate your business!

Rec'd. by

TERMS: Account due upon receipt of services. A 11/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.

STAPLES STORE #0501 (918) 335-9135

Ref. No: G 571400776