

**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

## 1191780

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 #:			A	NI No.	. 15				
Name:					Spot Description:				
Address 1:			-		Sec Tw	/p 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:			F	ootage	es Calculated from Neares	st Outside Section Corner:			
Phone: ( )					NE NW	SE SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	County					
Water Supply Well	Other:	SWD Permit #:		-		Well #:			
ENHR Permit #:	Gas Sto	rage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				oved on: (Date)			
Producing Formation(s): List A	All (If needed attach another	sheet)	b	y:		(KCC <b>District</b> Agent's Name)			
Depth to	o Top: Botto	m: T.D	_	Pluggin	na Commenced:				
Depth to Top: Bottom: T.D				Plugging Completed:					
Depth to	o Top: Botto	m:T.D	'	luggill	ig Completed.				
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Wate	r Records		Casing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top	) for ea	ach plug set.				
Plugging Contractor License #	#:		Name:						
Address 1:			Address 2:						
City:			S	tate:_		Zip:+			
Phone: ( )									
Name of Party Responsible for	or Plugging Fees:								
State of	County, _		,	SS.					
(Print Name)				E	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

STATEMEN	T
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Address

10971

ELMORE'S INC.

Box 87 - 776 HWY99 Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

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/ -	29	- 14		

Rec'd. by

TERMS: Account due upon receipt of services. A  $1^{1/2}$ % Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.

STAPLES STORE #0501 (018) 335-9125

Ref. Nu. 0 571404776.