

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

1192368

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 #:			APIN	No. 15			
Name:				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	ages Calculated from Near	est Outside Section Corner:		
Phone: ()				NE NW	SE SW		
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	County: Well #: Lease Name: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)			
Producing Formation(s): List A	All (If needed attach another	sheet)			(KCC District Agent's Name)		
		m: T.D					
Depth to	o Top: Botto	m: T.D	Plugging Commenced:				
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	asing Record (Surface, Conductor & Production)			
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:				
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 all size described to		
	(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

11001

ELMORE'S INC.

Box 87 - 776 HWY99 Sedan, KS 67361

Date 2 - 20 - 14

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

Customer Kansas Inevay			
Address	3 10 2		
CityState_	Zip		
Qty. Description	Price	Price Amount	
4/ h. Coment Pump	110,00	440,	00
4 ho Water Truck	85,00	340,	00
1 Baulk Tank	85,00	85,	00
158 SKS Coment	11,00	1738,	00
1 5ks 6el	16,00	16,	00
2 Penferations	200,00	400,	00
		3019,	00
County Poor Form #4	Tax	246,	0,5
Plus Job	28-	3265	05
Ram 1" To 850' Gel Hohe			
Spotted 20 SKS Coment the	Vad		
MOUT Perforated Casing A	<u>+</u> '		
600' + 350' Ran 1"-IN"	To	8) 21 E	2
600' Spotted 15 SKS Cel	sent		1
Rilled Usto 350 Cemos	Aed		
To Surface With 123	SKS		
Cement			1.

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