

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

1205543

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:			I	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 Coun	ty:				
Water Supply Well Other: SWD Permit #:			Leas	Lease Name: Well #:				
	_	orage Permit #:	Date	Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	A.		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 '	(0.60				
Oil, Gas or Water			Casing 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:	ne:				
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

ELMORE'S INC.

Box 87 - 776 HWY99 Sedan, KS 67361 Date 5-7-14

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

Custon	ner Kansas Energy							
Addres	ss							
City	State	Zip						
Qty.	Description	Price Amount						
4	Ly Coment Pund	110,00	440,	00				
_/	Boulk Tank	85,00	85,	00				
180	Sks Cemput	11,00	1980,	00				
2	SKS Gel	16,00	32,	00				
2	Perforations 700 + 350'	200,00	400,	00				
			2937,	00				
(Connley F6 1/2	Tax	239,	32				
	Plug Jah Ron 1"To	Ø,	3176.	37				
	100' Gel Hole Spotted							
	Osks Comput Fulled 1" O.	c+						
	enforated Casing At 200's	l						
	50' Ram /"IN To 200'							
	potted 15 Sks Coment)	2/hod						
	"Upto 350 Comenter To	Sury	out					
//	11th 155 SKS Comput	Inslot						
a:	ad Outside Cosings							
	erroug							
	Thank You – We appreciate your bus	iness!	-					
Decid 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