

Employee of Operator or Operator on above-described well,

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1270699

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

WELL PLUGGING RECORD

API No. 15 - _____ OPERATOR: License #: Spot Description: _-__- Sec. ___ Twp. ___ S. R. ___ East West Address 1: ___ Feet from North / South Line of Section Address 2: ___ _____ Feet from East / West Line of Section Contact Person: ____ Footages Calculated from Nearest Outside Section Corner: Phone: (_____) _____ NE NW SE SW Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic County: ____ Water Supply Well Other: SWD Permit #:_ Lease Name: ______ Well #:_____ ENHR Permit #: _____ Gas Storage Permit #: ____ Date Well Completed: ___ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: ____ Producing Formation(s): List All (If needed attach another sheet) _____(KCC **District** Agent's Name) _____ Depth to Top: _____ Bottom: _____ T.D. ___ Plugging Commenced:_____ ___ T.D. ___ _ Depth to Top: ___ Bottom: Plugging Completed:_____ ______ Depth to Top: ______ Bottom: _____ T.D. _____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Formation Content Casing Setting Depth Pulled Out Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. _____ Name: ___ Plugging Contractor License #: ___ Name of Party Responsible for Plugging Fees: ____

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 the same are true and correct, so help me God.

_____ County, ______ , ss.

(Print Name)

STATEMENT

11919

ELMORE'S INC.

Box 87 - 776 HWY99 Sedan, KS 67361 Date 10-1-15

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

Customer John Elmone				
Address				
City	State	Zip		
Qty.	Description	Price	Amount	
2	har Comput Pund	110,00	220,	00
_3	In Pulling Unit	120,00	360,	00
2	Der Water Truck	85.00	170,	00
1000	1/2" Tubin	.10	100,	00
26.	SKS Coment	12.00	312.	00
		47	1162,	00
	Plus APII	Tax	98,	22
-	Ran 1/2 Tubin To 1000'	\$	260	22
reacon planting to the control of th	Cemented Inside 2" Tub	in		
•	To Surface With 26 SK	5		
	Compute			
		8	14	
Thank You – We appreciate your business!				

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.

Rec'd. by_