

**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

#### 1279222

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 #:			1	API No. 15	i				
Name:				Spot Desc	ription:				
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:				Footages (	Calculated from Neare	est Outside Section Corner:			
Phone: ( )					NE NW	SE SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cat Water Supply Well Other: SWD Permit #:  ENHR Permit #: Gas Storage Permit #:  Is ACO-1 filed? Yes No If not, is well log attached? Yes  Producing Formation(s): List All (If needed attach another sheet)  Depth to Top: Bottom: T.D.  Depth to Top: Bottom: T.D.				County: Well #: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced:					
		m:T.D		Plugging Completed:					
Беринс	э тор вошо	III I.D							
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing F	asing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us						eds 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, _			_ , SS.					
				Emi	oloyee of Operator or	Operator on above-described well,			
	(Print Name)				oloyee of Operator of	Operator on above-described well,			

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.

## STATEMENT

# ELMORE'S, INC.

Box 277 - 419 S. Montgomery Sedan, KS 67361 (316) 725-5744 Eve. 725-5538

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City	ssStateZip						
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	Thank You We appreciate your bu						

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.