

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

1279229

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	API No	. 15				
Name:				Spot Description:					
Address 1:			-		Sec Tw	vp S. R East West			
Address 2:			-		Feet from	North / South Line of Section			
City: State: Zip: + Contact Person:				Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:					
									Phone: ()
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	lic C	County					
Water Supply Well	Other:	SWD Permit #:				Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				oved on: (Date)			
Producing Formation(s): List	All (If needed attach another	sheet)	b	oy:		(KCC District Agent's Name)			
Depth to	o Top: Botto	m: T.D	_	Dluggir	na Commenced:				
Depth to	o Top: Botto	m: T.D		Plugging Commerced:					
Depth to	o Top: Botto	m:T.D	'	luggiii	ig Completed.				
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Wate	r Records		Casing Red	ord (S	urface, Conductor & Produc	ction)			
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:	ne:					
Address 1:		· · · · · · · · · · · · · · · · · · ·	Address 2:						
City:			S	state: _		Zip:+			
Phone: ()									
Name of Party Responsible for	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

STATEMENT

ELMORE'S, INC. Box 277 - 419 S. Montgomery Sedan, KS 67361 (620) 725-5744 Eve. 725-5538

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ate					
CHO MI	AIN.				
1 30	0 1	Market.	4 1	0	

City	State	Zip				
Qty.	Description	Price	Amount			
18	SKS Commit	7,00	126,	00		
1/2	Coment Pano	50,00	75.	Oe		
1	Raik Tank	50,00	50,	6.6		
			25%	Od		
		TEEN	12	0		
	Dyer Brewer	28	268	0		
	1211 # 4 117					
	Plu Joh Bull Head	1				
	18 SKS Come + To					
	220' Days 2' Case	4.0				
	Pressurad Clate	0006	R			
	Sh+IN T		Alleria services de la constantina del constantina de la constantina del constantina de la constantina			
		ATTERNETING CONTRACTOR AND ARTHUR CONTRACTOR	Andread in Leading design countries of the Andrew Annual			
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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.