

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

1312682

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 #:	API No. 15							
Name:	Spot Description:							
Address 1:	Sec Twp S. R East Wes							
Address 2:	Feet from North / South Line of Section							
City:	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								
Water Supply Well Other: SWD Permit #:	County.							
ENHR Permit #: Gas Storage Permit #:	Lease Name: Well #:							
s ACO-1 filed? Yes No If not, is well log attached? Yes	Date Well Completed:							
Producing Formation(s): List All (If needed attach another sheet)	by:(KCC District Agent's Name							
Depth to Top: Bottom: T.D								
Depth to Top: Bottom: T.D	Plugging Commenced:							
Depth to Top: Bottom: T.D	Plugging Completed:							
Dottom: 1.B	_							
Show depth and thickness of all water, oil and gas formations.	<u> </u>							
	Continue Page and (Conference Operation to a Page distribution)							
	Casing Record (Surface, Conductor & Production)							
Formation Content Casing	Size Setting Depth Pulled Out							
Describe in detail the manner in which the well is plugged, indicating where the mud floement or other plugs were used, state the character of same depth placed from (botto	·							
Plugging Contractor License #: N	Name:							
Address 1: A	Address 2:							
City:	State:							
Phone: ()								
Name of Party Responsible for Plugging Fees:								
State of County,	, \$S.							
•								
(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 Cell: (620) 249-2519

Date 7-14-16

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

Customer Kansas thergy Address

City State Ζįρ

100	Has	180	Þ	P)		1 Ba	700' 1" Tradin	32 Sk)]	5 /	12 hr	12 12	Qty.
10 Surface With 32 St Coment.	Washed + Drilled Inside 2"Tubi-	Fiel Tillia Wouldn't Move	Drilled + Washed Down 4/2 To	is Job Swearinger # 13		1 Boulk Tonk (A Price)	Tidal	32 Sks Coment	de Bockhoe	her Water Truck	ha Coment Pamp	dr Pulling Unit	Description
Comen	126-			Tax		85,00	,/0	12,00	85,00	85,00	110,00	120,00	Price
		1.	58 678 ht	381, 35	4486,50	12,50	20,00	384, 00	85,00	1725, 00	1320,00	2160,00	Amount
			288	35	50	0.5	00	00	0	00	00	00	nt .

Thank You – We appreciate your business!

Rec'd. by_

percentage rate of 18% will be charged to accounts after 30 days. TERMS: Account due upon receipt of services. A 11/2% Service Charge, which is an annual