**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

1335765

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 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 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 #:  SWD Permit #:  SWD Permit #:    ENHR Permit #:  Gas Storage Permit #:  Gas Storage Permit #:  No    Is ACO-1 filed?  Yes  No  If not, is well log attached?  Yes  No    Producing Formation(s): List All (If needed attach another sheet)  Depth to Top:  Bottom:  T.D.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	Records	s Casing Record (Surface, Conductor & Produc		tion)	
Formation	Content	Casing	Size	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.

Plugging Contractor License #:		Name: _			
Address 1:		Address	2:		
City:			State:	_ Zip:	+
Phone: ( )			-		
Name of Party Responsible for Plugging	g Fees:				
State of	County,		, SS.		
	(Print Name)		Employee of Operator or		

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 87 - 776 HWY 99 Sedan, KS 67361 Cell: (620) 249-2519 Eve: (620) 725-5538	e  -20-	-17	
Addres	ner Jerry Bohannan			
City	State	Zip		
Qty.	Description	Price	Amou	nt
7	ha Pulling Unit	120,00	840,	00
3	he Coment Rump	120,00	360.	ÐÐ
3	he Water Truck	85,00	255,	20
880'	1" Tubin	,10	88,	00
2	Perforations 600'+ 350'	200,00	400,	00
1	Baulk Tank	8500	85.	00
20%	SKS Cement	12,50	2587	50
2	SKS Gei	16,00	32,	00
2	he Backhoe	85,00	170,	00
	Plug Job Fadely B #2		41817.	50
-	Tried To Fishout Tubin With	Tox	409,	49
	Spear + Quershot Pushed Tubin T	0	5226	99
1	Sottom Ran 1' To 880 Sel H	ole		
	potted 20 SKS Comput Perto		stug	
F	+ 600 + 350' Par 1" To 6	000' Spi	otted	
2	5 SKS Cement Fulled Upto 3	350' C	empute	
Té	Surface With 167 SKS	the second s		ince s
	Thank You – We appreciate your bu			1
	Rec'd. by	Clea	med Ton	k.

TERMS: Account due upon receipt of services. A 1<sup>1</sup>/<sub>2</sub>% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.

STAPLES STORE #0501 (918) 335-9135

12670