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

1366179

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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD Permit #: 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 #: Uell #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Pl
Deptn to Top: Bottom: I.D	

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

Oil, Gas or Water	Records	Casing Record (Surface, Conductor & Production)		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 Plu	ugging Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Opera	ator or 🗌 Operator on a	bove-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.

STATE	ELMORE'S INC. Box 87 - 776 HWY 99		1304	5
	Sedan, KS 67361	9-15-	-17	
	Cell: (620) 249-2519			
	Eve: (620) 725-5538			
Custom	er C+F Oil			
Address				
City	State	Zip		
Qty.	Description	Price	Amou	nt
4	he Pulling Unit	120,00	4 80,	00
2	ha Cement Puncp	120,00	240,	00
	have a second se		1	
2200'	1" Tubin	.10	220,	00
1	Baulk Tank	85,00	85,	60
1	SK Gel	16,00	16,	00
21	SKS Cement	12,50	2.62,	50
			1303	50
	Plug Job Oliver #1	Tax	110 .	80
	2% Liner Pan 1"To	8/	414.	30
	2200' Hit Bridge Gel Hole	-		
	Spotted 3 SKS Comput			
	alled Upto 1200' spotted	/		
	35KS Comput Fulled Upto	550	010	
	Cemented to Suntace With	HL 15.	SRS	
(emout			
a second	Thank You – We appreciate your bu	sinest		
	Boc'd by			1/337
TERMS	S: Account due upon receipt of services. A 11/2% Service	Charge, whic	ch is an annu	ial 961
percen	tage rate of 18% will be charged to accounts after 30 day	/S.		