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

1370383

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

			API No. '	15			
			Spot Des	scription:			
Address 1:				Sec 7	Гwp S. R	East West	
Address 2:				Feet from	North / Sout	h Line of Section	
City:	State:	Zip:++		Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:			
Contact Person:			Footages				
Phone: ()				☐ NE ☐ NW ☐ SE ☐ SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodic	County:				
Water Supply Well	Other:	SWD Permit #:	1		Well #: _		
ENHR Permit #:	Gas St	orage Permit #:		Date Well Completed:			
s ACO-1 filed? Yes	No If not, is we	Il log attached? Yes	I I				
Producing Formation(s): List	All (If needed attach anothe	er sheet)			(KCC Dist		
Depth	to Top: Bott	om: T.D					
Depth	to Top: Bott	om: T.D	""				
Depth	to Top: Bott	om:T.D		Completed			
Show depth and thickness of	f all water, oil and gas form	ations.					
Oil, Gas or Wate	er Records		Casing Record (Su	rface, Conductor & Prod	uction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
ement or other plugs were t	used, state the character o	f same depth placed from (bott	om), to (top) for ear	on plug set.			
00 0							
00 0							
Address 1:			Address 2:				
Address 1:			Address 2:				
Address 1:			Address 2: State:		Zip:		
Address 1: City:) Phone: ()	for Plugging Fees:		Address 2: State:		Zip:		

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.

(Print Name)

STATEMENT

13122

ELMORE'S INC.

Box 87 - 776 HWY 99

Sedan, KS 67361 Cell: (620) 249-2519 Eve: (620) 725-5538

		1, 5	
Date			
1	- A	10	
7 -	d 1-	-1.1	

Customer Kansas Energy
Address
City State Zip

		¥		
Qty.	Description	Price	Amou	nt
4	hr Pulling Unit	120,00	480,	00
3	he Coment Pany	120,00	Z00,	00
3	hr Water Truck	85,00	255,	00
135	SKS Cement	12.50	1712,	50
1	Sk Gel	16,00	16,	00
600	1" Tubin	.10	67,	00
_/	Perforation	200,00	200.	00
_/	Baulk Tank	\$5,00	85.	00
	hr Backber	85,00	35.	00
	Plug Jab Hyder #17	.8	3260,	50
	Pan 1" To 670 Gel Hole	Tax	277,	14
	Spotted 20 SKS Cement fulled	1 8	3537	64
	"Out Perforated Casing At &	25	4	
	Pan 1" IN TO 225 Temper	edTo		
F-Common	Surface With 117 SKS Cer		98 B	-
	7	E	2	
	777 7 XX XX X			

Thank You - We appreciate your business!

Doo'd by	
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.