KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Notice: Fill out COMPLETELY

the address below within

60 days from plugging date.

and return to Conservation Division at

1272499

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 - \_\_\_\_\_ Spot Description: \_-\_\_- Sec. \_\_\_ Twp. \_\_\_ S. R. \_\_\_ East West Address 1: \_\_\_ Feet from North / South Line of Section Address 2: \_\_\_ \_\_\_\_\_ 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 County: \_\_\_\_\_ Water Supply Well Other: SWD Permit #:\_ Lease Name: \_\_\_\_\_\_ Well #: \_\_\_\_\_ ENHR Permit #: \_\_\_\_\_ Gas Storage Permit #: \_\_\_\_ Date Well Completed: \_\_\_ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: \_\_\_\_ Producing Formation(s): List All (If needed attach another sheet) by: \_\_\_\_\_ (KCC District Agent's Name) \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_ Plugging Commenced:\_\_\_\_\_ \_\_\_ T.D. \_\_\_ \_ Depth to Top: \_\_\_ Bottom: Plugging Completed: \_\_\_\_\_\_ Depth to Top: \_\_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Pulled Out Formation Content Casing Setting Depth 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. \_\_\_\_\_ Name: \_\_\_ Plugging Contractor License #: \_\_\_\_ Name of Party Responsible for Plugging Fees:

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.

Employee of Operator or Operator on above-described well,

\_\_\_\_\_ County, \_\_\_\_\_\_ , ss.

(Print Name)

## **EMENT**

## 13159

## **ELMORE'S INC.**

Box 87 - 776 HWY 99

Sedan, KS 67361

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

10-23-17

S			
State	Zip		
Description	Price	Amount	
hr Cement Pump	12000	240,	00
he Water Truck	85,00	170,	00
Boulk Tank	85,00	85.	00
SKS Cement	New	550,	00
	<b>1</b>	1045.	00
Plug Job Ballard 13-D	Tax	88.	83
7	3	1133.	83
Bull headed 44 sk Cement			
Down 21/8 Liner Pressured 4	<u> </u>	*	-45
To 600 LB Shet Ist		7	
, j-	igen igen	9	
the gent the state of the			
M NOV 1 6 2017			
W 11 27 (8) 537 (6)			

Thank You - We appreciate your business!