**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

1374217

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	
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)	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 Wate	er 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 Plugging Fees:	
State of County,	, SS.
(Print Name)	Employee of Operator or Operator on above-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.



10-30-17 215767 13091

ELMORE'S INC. Box 87 - 776 HWY 99 Sedan, KS 67361 Cell: (620) 249-2519 Eve: (620) 725-5538

Date 9-	13-13
	12 11

Customer S	yerte Oil	Company		
Address		/		
City		State	Zip	

Qty.	Description	Price	Amou	nt	
5	1. Pulling Unit	120,00	600,	00	
2/	hr Cement Pump	120,00	480,	00	
4	he Water Truck	85,00	340,	00	
j	Baufk Tonk	85,00	85,	00	
150	SKS Cement	12,50	18:25,	00	
2	Per forations	200,00	400.	00	
1	Sk Gel	16,00	16,	00	
1	- Backloe	85,00	85,	00	
	Dig Upt Cut of Casines	100,00	100,	60	
	Plug Job Elden Burke 4		3981,	00	
	Ran 1" To Boo' Gel Hole	Tax 75	298,	58	
	Spotted 2 OSKS Compart Pulled	j 9.	4279	58	
	"" Dut Perforated Cashsat			T.	
	900'+ 550' Ran 1" To 900'				
	Spotted 20 SKS Cement Pall	od			
	1pto 550' Computed To Surface		110		
-	SKS Comput Duglpt Cutoff	0	(lased)	Pitso	
There You We are received and have been been been been been been been be					

Thank You - We appreciate your business!

## 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.