

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

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 #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage 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. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 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 | | Casing Record (Surface, Conductor & Production) | | | |
|---------------------------|---------|---|------|---------------|------------|
| 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.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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.

Submitted Electronically

STATEMENT

13352

ELMORE'S INC.

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

Date 3-3-18

Customer Jerry Robinson
 Address _____
 City _____ State _____ Zip _____

| Qty. | Description | Price | Amount |
|-------|----------------------------------|--------|---------|
| 3 | hr Pulling Unit | 120.00 | 360.00 |
| 3 | hr Cement Pump | 120.00 | 360.00 |
| 3 | hr Water Truck | 85.00 | 255.00 |
| 1135' | 1" Tubin | .10 | 113.50 |
| 1 | Bank Tank | 85.00 | 85.00 |
| 1 | hr Backhoe | 85.00 | 85.00 |
| 1 | Sk Gel | 16.00 | 16.00 |
| 46 | SKS Cement | 12.50 | 575.00 |
| | | | 1849.50 |
| | | Tax | 152.21 |
| | Plug Tab Fidelity B | * | 2006.71 |
| | Run 1" To 1135 Gel Hole | | |
| | Spotted 5 SKS Cement Pulled | | |
| | 1" Out Didnt have to Reaf Ran | | |
| | 1" Back IN To 700' spotted 5 SkS | | |
| | Cement Pulled Up to 350 Cemented | | |
| | To Surface With 36 SKS. | | |

Thank You - We appreciate your business!

Rec'd. by _____

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

STAPLES STORE #0501 (918) 335-9135

Pal ck # 840

Ref. No: G 235805373