

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

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

Form CP-4 March 2009

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

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.

Table with 6 columns: Oil, Gas or Water Records (Formation, Content) and Casing Record (Surface, Conductor & Production) (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.

Submitted Electronically

STATEMENT

13647

ELMORE'S INC.

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

Date

8-16-18

Customer Kansas Energy Company
Address _____
City _____ State _____ Zip _____

Qty.	Description	Price	Amount
10 1/2 hr	Pulling Unit	120,00	1260,00
4 hr	Cement Pump	120,00	480,00
4 hr	Water Truck	85,00	340,00
1	Bowlk Tank	85,00	85,00
720'	1" Tubin	.10	72,00
3	Perforations	200,00	600,00
1	Shot off Tubin	200,00	200,00
1	hr Backhoe	85,00	85,00
1	Sk Coel	16,00	16,00
165	SKS Cement	12,50	2067,50
1	Cut off Casings	100,00	100,00
	Lower #1 Plug Job		5300,50
	Casing Rods + Tubin Bent over	Tax 8.5	450,54
	Cutoff Casing Pulled Rods 825 Partial	\$	5751,04
	Pulled 720' 3/4 Vent. String Shot 2" At 825 + 720		
	Laid Out 720' 2" Ran 1" To 720 Spotted 30sk Cement		
	Perf Casing At 600' + 275 Ran 1" To 600 Spotted		

20sk Pulled Up to 275 Cemented to Surface with 115sk
Rec'd. by Sucked Out, Closed Pit Cut off Casings,

Thank You - We appreciate your business!

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.

Summary of Changes

Lease Name and Number: LOWE 1

API/Permit #: 15-019-40405-00-00

Doc ID: 1421561

Correction Number: 1

Field Name	Previous Value	New Value
Date Plugging Commenced	05/15/2018	8/15/2018
Date Plugging Completed	05/16/2018	8/16/2018

Summary of Attachments

Lease Name and Number: LOWE 1

API: 15-019-40405-00-00

Doc ID: 1421561

Correction Number: 1

Attachment Name

Lowe #1 plug