KOLAR Document ID: 1429001

**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 #:	I API No.	15 -		
Name:		Spot Description:		
Address 1:	'	•	Twp S. R East West	
Address 2:		Feet from North / South Line of Section		
City:	+	Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:		
Contact Person:	Footage			
Phone: ( )		□ NE □ NW	SE SW	
Type of Well: (Check one) Oil Well Gas Well OG D&A  Water Supply Well Other: SWD Permit #:  ENHR Permit #: Gas Storage Permit #:  s ACO-1 filed? Yes No If not, is well log attached? Yeroducing Formation(s): List All (If needed attach another sheet)  Depth to Top: Bottom: T.D.	Lease N  Date We The plug by:	Lease Name: Well #:  Date Well Completed: (Date) by: (KCC District Agent's Name)  Plugging Commenced:		
Depth to Top: Bottom: T.D.				
Depth to Top: Bottom:T.D.		g Completed		
Show depth and thickness of all water, oil and gas formations.				
Oil, Gas or Water Records	Casing Record (Su	ng 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 to the cement or other plugs were used, state the character of same depth placed from the	·		ods used in introducing it into the hole. If	
Plugging Contractor License #:	Name:			
Address 1:	Address 2:			
City:	State:			
Phone: ( )				
Name of Party Responsible for Plugging Fees:				
State of County,				

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.

## **STATEMENT**

13752

## ELMORE'S INC.

Box 87 - 776 HWY 99

Sedan, KS 67361 Cell: (620) 249-2519 Date 11-20-18

Eve: (620) 725-5538

Address State Zip City Description Price Amount Qty. 120,00 480,00 120,00 00 00 85,00 00 00 200,00 400, 12,50 2250 00 85,00 00 ,10 00 112, 00,00 100,00 4364,00 TOX 370. nttou

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.

Ref. No: G 465959017