KOLAR Document ID: 1448611

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
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 #:	County: Well #: Lease Name: Well #: Date Well Completed:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	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)		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.

Submitted Electronically

STATEMENT ELMORE'S INC. Box 87 - 776 HWY 99 Box 87 - 776 HWY 99 Data Box 87 - 776 HWY 99 Box 87 - 776 HWY 99 Data Sedan, KS 67361 Cell: (620) 249-2519 Eve: (620) 725-5538 Customer Ponter Ponter Ponter Customer Ponter Ponter Ponter Ponter Customer Ponter Ponter Ponter Ponter Ponter Customer Ponter Pont	13059	.e.	Amount 26000 2550	85,00 25,00 16,00 16,00 10 190,00 85,00 25,00 1250, 450,00 10,00	24531 24531 14 - 995, 0 50,00 550,00	iness! Charge, which is an annual s.
	MENT ELMORE'S INC. Box 87 - 776 HWY 99 Sedan, KS 67361 Sedan, KS 67361 Cell: (620) 249-2519 Eve: (620) 725-5538 Eve: (620) 725-5538		An Palling Kan	Sk Gel Sk Gel hr Backhar K Backhar Sk Parent Plus Tab Cott #7	1700' 60 Hole Snotted 5-5ks Com Whed 11000 800 Snotted 5-5ks Com Alfed 11000 205 Controlog 10500 had	Thank You – We appreciate your business! Rec'd. by 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.

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Hickory

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