KOLAR Document ID: 1456165

**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 #:			ı	API No.	. 15 -			
OPERATOR: License #:				Spot Description:				
Address 1:				Sec Twp S. R East West				
Address 2:					Feet from			
City:				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 #:  ENHR Permit #: Gas Storage Permit #:				County: Well #:				
Is ACO-1 filed? Yes No If not, is well log attached? Yes No						(Data)		
Producing Formation(s): List All (If needed attach another sheet)					The plugging proposal was approved on: (Date) by: (KCC District Agent's Name)			
Depth to Top: Bottom: T.D								
Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth to Top: Bottom: T.D.				Plugging Completed:				
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water Records			Casing Re	sing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us		_		-		Is used in introducing it into the hole. If		
Plugging Contractor License #:				:				
Address 1:			Address 2	··				
City:				State: _		Zip:+		
Phone: ( )								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _			. , SS.				
				F	Employee of Operator or	Operator on above-described well,		
(Print Name)					p.o, oo opoidioi oi	operate. on above accombed 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.

## STATEMENT

13883

## ELMORE'S INC.

Box 87 - 776 HWY 99 Sedan, KS 67361

3 ~ 11 - 19

Cell: (620) 249-2519 Eve: (620) 725-5538

Customer SM O; /+ (oas							
Address P.O. Box 189							
	SKI ATDOK State	OK_Zip	94070				
Qty.	Description	Price	Amount				
4	her Pulling Unit	120,00	480,00				
	ha Cement Jump	120,00	240,00				
2	In Water Truck	85,00	170,00				
18	SKS Cement	12,50	225.00				
1	Sk Coel	16,00	16:00				
1420	1 10 Tubin	.10	142,00				
	Plug Joh Fulson #4		1273,00				
	Pho Joh Fulson #4		108,21				
	Ran 1" To 14/20' Gel	9	1381.21				
	Hole Spotted 3 SKS Cement						
	Pulled Upto 1000 Spotted 3.	SKS					
	Cement Pulled Usto 550'						
	Cemented To Surface With						
	125KS.		W				
	API # 15-019-24808						
	SW SOLTIEN 9-T335-RIDE						

Thank You - We appreciate your business!

Rec'd. by Jon OAST

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.