KOLAR Document ID: 1484049

**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 #:			AF	PI No. 1	5													
Name:				Spot Description:														
Address 1:				Sec Twp S. R East West														
Address 2:			_		Feet from	North / South Line of Section												
City:     State:     +       Contact Person:				Feet from East / West Line of Section  Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW														
									Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic  Water Supply Well Other: SWD Permit #:					County: Well #:				
									ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed: (Date)  The plugging proposal was approved on: (Date)					
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC <b>District</b> Agent's Name)												
Depth to Top: Bottom: T.D  Show depth and thickness of all water, oil and gas formations.  Oil, Gas or Water Records			<sub>Pli</sub>	ıaaina	Commenced:													
Depth to Top: Bottom: T.D				Plugging Completed:														
Depth to	Top: Botto	m:T.D	' '	agging	Completed.													
Show depth and thickness of a	all water, oil and gas forma	ations.																
Oil, Gas or Water	Records		Casing Reco	g Record (Surface, Conductor & Production)														
Formation	Content	Casing	Size		Setting Depth	Pulled Out												
cement or other plugs were us		-				ds used in introducing it into the hole. If												
Plugging Contractor License #: Name:			Name:															
Address 1:			Address 2: _															
City:			Sta	ate:		Zip:+												
Phone: ( )																		
Name of Party Responsible fo	r Plugging Fees:																	
State of	County, _		, s	SS.														
			Г	_	nployee of Operator or	Operator on above-described well,												
	(Print Name)			=[]	inproyee or 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.

## ELMORE'S INC.

Box 87 - 776 HWY 99 Sedan, KS 67361

Date 11 ~ 8 - 19

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

Custom	ner Jones Oil Exploration			a.	
Addres	s				
City	State	eZip			
Qty.	Description	Price	Amou	nt	
4	hr Pulling Unit	125,00	500,	00	
	he Cement Pump	125,00		\$500 DESCRIPTION OF THE	
The state of the s	hn Water Truck	85,00	255,	00	
1460	1" Tubin	,10	146,	00	
	Sk Gel	16,00	16,	00	
67	SKS Cement	12,50	- care -		
1	Dig Up + Cot off Casings	150,00	150,	00	
			2279,	50	
	Plug Job Campbell #4/	Tax	193	76	
	Ran 1" To 1460' Gel	72	473,	26	
	Hole Spotted 5 SKS Com				
	Pulled Upto 900' Spotte				
	5 SKS Cement Pulled 1	loto			
4	550 Computed To Sur	face			
- {	With 575KS Cement 1	ug Upa			
	ut off Cosingso Closed A		*.		

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