

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.

Oil, Gas or Water Records		Casing 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 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

14229

ELMORE'S INC.

Box 87 - 776 HWY 99

Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

Date

12/23/19

Customer

Kansas Energy

Address

City

State

Zip

Qty.	Description	Price	Amount
14 hr	pulling unit	120 ⁰⁰	1680 ⁰⁰
4 hr	cement pump	120 ⁰⁰	480 ⁰⁰
4 hr	water truck	85 ⁰⁰	340 ⁰⁰
1 hr	backhoe	85 ⁰⁰	85 ⁰⁰
1050'	1" tubing	10 ⁰⁰	105 ⁰⁰
152	sacks cement	12 ⁵⁰	1900 ⁰⁰
2	sacks gel	16 ⁰⁰	32 ⁰⁰
1/2	sack hulls	16 ⁰⁰	8 ⁰⁰
2	performations 600' & 275'	200 ⁰⁰	400 ⁰⁰
			5030⁰⁰
		Tax	427⁵⁵
			5457⁵⁵
Plus job Capos-Old 4. Pulled RFT. Tubing parted. Fished out 400' of tubing. Ran 1" to 1050'. Grilled hole. Spotted 20 sacks cement. Pulled 1" out. Performed casing at 600' and 275'. Ran 1" to 600'. Spotted 20 sacks cement. Pulled up to 275'. Cemented to surface w/ 1/2 sacks cement. Sucked out & closed pit.			

Thank You - We appreciate your business!

Rec'd. by

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.

Ref. No: G 465959017