

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

14271

ELMORE S INC.

Box 87 - 776 HWY 99

Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

Date

3-5-2020

Customer Perkins Oil Enterprise

Address

City

State

Zip

Qty.	Description	Price	Amount
5	hr. Pump Unit	120.00	600.00
3	hr. Cement Pump	120.00	360.00
3	hr. Water Truck	85.00	255.00
1	Barrel Tank	85.00	85.00
1	5k Gc	161.00	161.00
1/2	SKS Cement	12.50	5.8750
130'	1" Tubing	10	113.00
1	hr. Backhoe	85.00	85.00
			2101.50
	Plug Job <u>Not Brought 4A Tax</u>		178.63
	Row 1 to 1130' 6x1 Hole		1280.13
	Spotted 5 SKS Cement Pile		
	Up to 10' 50' Spotted 5 SKS		
	Cement Pulled Up to 275' cemented		
	To Surface with 97 SKS 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. C-46595901