KOLAR Document ID: 1525233

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 Feet from North / South Line of Section Feet from East / West Line of Section		
Address 2:						
City:						
Contact Person:				Footages Calculated from Nearest Outside Section Corner:		
Phone: ()				NE NW SE SW County: Lease Name: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)		
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				Plugging Commenced:		
Depth to Top: Bottom: T.D				g Completed:		
Show depth and thickness	ss of all water, oil and gas	formations.				
Oil, Gas or Water Records			Casing Record (Su	Casing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
		plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t	·		ods used in introducing it into the hole. If	
Plugging Contractor License #:			_ Name:	e:		
Address 1: Addre			_ Address 2:			
Dity:			State:			
Phone: ()						
Name of Party Responsi	ble for Plugging Fees:					
State of	Cou	unty,	, SS.			
(Print Name)			E	mployee 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.

ELMORE'S INC.

Box 87 - 776 HWY 99 Sedan, KS 67361

Date

Cell: (620) 249-2519

Eve: (620)/725-5538

Address State City

ACCT. #

Description Price **Amount** Qty. 12 00 00 00 00 00 00 00 lax

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.