## KOLAR Document ID: 1539976

**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
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	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 #: SWD Permit #: SWD Permit #:   ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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) Storm: T.D. Storm: T.D.   Depth to Top: Bottom: T.D. Storm: T.D. Storm: Sto	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Diversion Completed:
Depth to Top: Bottom: T.D	Plugging Completed:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	Records		Casing Record (Surfa	ce, Conductor & Produc	tion)
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

	ELMORE'S INC. Box 87 - 776 HWY 99 Sedan, KS 67361 Cell: (620) 249-2519 Eve: (620) 725-5538	Date 17-17	1453 - <i>202</i>	
Customer Address	anses Energy			
City	State	Zip	an a	
Qty.	Description	Price	Amou	unt
4 hrg	Belling Anit	120,00	480,	20
4 hr (	Cement Tump	120,00	480,	oc
-7 hr	Water Truck	85,00	340,	00
1 Bac	khoe	\$15,00	85,	00
2 Pert	brations	200,00	400,	02
1 Ska	bel	16.00	16.	00
92 SKS	Cement	12.50	1150,	oé
1080 1	Tubin	,10	108,	00
1 pug	Up + Cut att Cashings.	150,00	150,	00
- Plug.	Job Dinham Lommon # 94	and the state of the	3209,	00
Ran	1" ENSide 2" Comentos	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	272,	75
In	To 1080 Gel Hole	<u></u>	3481.	7
Spott	N D D LEADER TO	Nod		
De la	+ Ponforated Casing +	Liebin .		
C	600 + 225 Kan.1	10600	2	
507	10. JOSKS Comput	Pie Shoel	lpto	01
Such Rec	Thank You - We appreciate your bused d. by	usiness!	2 <u>2.54</u> AL Co	3/e
TERMS: Account	t due upon receipt of services. A 11/2% Servic of 18% will be charged to accounts after 30 da	e Charge, which	n is an annua	al