KOLAR Document ID: 1580017

**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 Tw	rp S. R East West		
Address 2:					Feet from			
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 #:				County: Well #:				
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		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: Botto	m: T.D		Plugging Commenced:				
Depth to	•	m: T.D		00 (				
Depth to	Top: Botto	m:T.D			9			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Production)			tion)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us		-				Is used in introducing it into the hole. If		
Plugging Contractor License #:			Name:	ne:				
Address 1:			Address 2	:				
City:				State:		Zip:+		
Phone: ( )								
Name of Party Responsible for	r Plugging Fees:							
State of	County, _			, SS.				
	,				imployed of Operator of	Operator on above-described well,		
	(Print Name)				imployee 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.

SOLPT

STATEMENT

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## ELMORE'S INC.

Box 87 - 776 HWY 99 Sedan, KS 67361 Cell: (620) 249-2519 Eve: (620) 725-5538

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Thank You - We appreciale your business!

Rec'd. by

TERMS: Account due upon receipt of services. A 17/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.

COUNTRY D. VIEWER

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