## KOLAR Document ID: 1600203

**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 #:	County: Vell #: Vell #: Date Well Completed:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top:    Bottom:    T.D.      Depth to Top:    Bottom:    T.D.      Depth to Top:    Bottom:    T.D.	Plugging Commenced:

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

ELMORE'S INC.

	41-12-
	R
	a
	N
	6
Date	2

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

01 + 10a Buch 6  $\overline{\Omega}$ Customer

Address City\_

Zip

State

N 0 00 00 0 0 00 25 00 00 00 Amount 255, 390, 16. M 9 520. 532 931 in 205 57 di ~ 2 1.30.00 130,00 85,00 85,00 5.5 16,00 14,00 Price Ust 0 DUGAL ? 0/" y X Thank You – We appreciate your business! 82-2 RAMAN CKS Hease ...t 5 40 5 Z SN 004400 22 9 Description 40 1330 N 5 4 + 1 wither 7.5 V 0 0 4 1. Joto \_1 0 0 CX 00 6 \*\*\* 23 0 Spotte 001 SKS 2 de .1 5 -1330 05 M Qty. 7 M M

Rec'd. by

TERMS: Account due upon receipt of services. A 1<sup>1/2</sup>% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.

Ret No 6 235805

STAPLES STORE #0501 (918) 335-9135

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