KOLAR Document ID: 1602783

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 Feet from East / West Line of Section				
City:	State:	Zip: +	.					
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	ll (If needed attach another	sheet)				(KCC District Agent's Name)		
Depth to	Top: Botto	m: T.D		Plugging Commenced:				
Depth to	Top: Botto	m: T.D		Plugging Completed:				
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Production)					
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 #:								
Address 1:			Address 2:	:				
City:			;	State:		Zip:+		
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _			, ss.				
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed deceribed		
	(Print Name)			E	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.

ELMORE'S INC.

Box 87 - 776 HWY 99 Sedan, KS 67361

Date 1/-23-21

Cell: (620) 249-2519 Eve: (620) 725-5538

Customer Kancas Frency								
Address								
City	State	Zip						
Qty.	Description	Price Amount		ınt				
8	hr Pulling Unit	130,00	1040,	00				
_2	he Comput Pumo	130,00						
7	hr Water Truck	85,00						
4 lele	1" Tuhin	110	46,					
1	Sk Gel	16.00	16.					
160	SkS Cement	14,00	2240,					
1	h- Backhoe	85,00	85,	00				
_			4940,	60				
	Plug Joh Dunlam Lemon 5	Tax	419,					
	Surface Pipe No Cosing Whiches	1 2						
	Dow Well To 466' Fit Stee							
	Gel Hole Spotted 20 5ks Com	out-						
	Pulled Upon 300' Cemente	170						
	Surface With 140 SKS C	ement						
Thank You – We appreciate your business!								

Ina	ink you - we	e appreciate y	our business!
Rec'd. by			

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.