

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD

K.A.R. 82-3-117

Notice: Fill out COMPLETELY
and return to Conservation Division at
the address below within
60 days from plugging date.

OPERATOR: License #:
Name:
Address 1:
Address 2:
City: State: Zip:
Contact Person:
Phone:
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.
Depth to Top: Bottom: T.D.

API No. 15 -
Spot Description:
- - - - - Sec. Twp. S. R. East West
Feet from North / South Line of Section
Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE NW SE SW
County:
Lease Name: Well #:
Date Well Completed:
The plugging proposal was approved on: (Date)
by: (KCC District Agent's Name)
Plugging Commenced:
Plugging Completed:

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

Table with 6 columns: Oil, Gas or Water Records (Formation, Content) and Casing Record (Surface, Conductor & Production) (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

14547

ELMORE'S INC.

Box 87 - 776 HWY 99

Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

Date

12-28-2020

Customer E & B Natural Resources Management Corp

Address _____

City _____

State _____

Zip _____

Qty.	Description	Price	Amount
2	Pulling Unit	120.00	240.00
2	hr Cement Pump	120.00	240.00
2	hr Water Truck	85.00	170.00
1	hr Backhoe	85.00	85.00
920'	1" Tubin	.10	92.00
23	Sks Cement	12.50	287.50
1	Dug Up + Cut off Casings	150.00	150.00
			1264.50
	Plug Job Barsh 3D	Tax ^{6.5} m	82.19
	Ran 1" To 920 Had To Wash At 450 Got Thru Bridge Cemented 920 To Surface With 23 Sks Cement Closed Pit Cut off Casings 3' Below Surface		1346.69

Thank You - We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1½% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.

Summary of Changes

Lease Name and Number: BARSCH 3 D

API/Permit #: 15-125-21868-00-02

Doc ID: 1616741

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	03/08/2021	02/16/2022
Date Plugging Commenced	02/28/2021	12/28/2020
Date Plugging Completed	02/28/2021	12/28/2020

Summary of Attachments

Lease Name and Number: BARSCH 3 D

API: 15-125-21868-00-02

Doc ID: 1616741

Correction Number: 1

Attachment Name