KOLAR Document ID: 1671638

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: Lease Name: Well #: 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	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	

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:	Name:				
Address 1:		Address 2:	Address 2:				
City:		State:	Zip:	+			
Phone: ()							
Name of Party Responsible for Plu	ugging Fees:						
State of	County,	, SS.					
	(Print Name)	Employee of Opera	ator or 🗌 Operator on a	bove-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

Credit 0 0 00 QF: 0 00 00 00 00 00 00 NO つつりつう TERMS: Account due upon receipt of services. A 11/2% Service Charge, which is an annual Amount 625 560, 2232 116, 163. 2399 2086 1 las 85 312,50 200. 5 52 S M they N ry Brad -61 125,00 Zip 25.00 85,00 200,00 8500 5 651445 16.00 5 00/11 Price 20 Jut t 1.25 Perloot = Sur Thank You - We appreciate your business! 70× 55KS Comput Spotted 5 SKS Date 0 r EHMS: Account due upon receive of accounts after 30 days. 2.6 State None State may a cheo Sue 3 er y Box 87 - 776 HWY 99 Cell: (620) 249-2519 Eve: (620) 725-5538 ELMORE'S INC. Mann 250 Sedan, KS 67361 and and ement c Q <1 et R'ta Coble @ 4 Description Kan 149 Spotted 4001 225 T. au 40% Cemput 20 5 チャイ 20 220 S Sockh 0010 040 -2 Q. 60 53 100 m Rec'd. by STATEMEN 0 C. ON 1 アン jo S S SR Customer 00 Address N Qty. 2 City SO N V