KOLAR Document ID: 1727946

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:			Spo	Spot Description:						
Address 1: Address 2: City: State: Zip: +				SecTwp S. R EastWest 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 Section County: Lease Name: Well #:						
							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							Date Well Completed:			
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:						
Depth to Top: Bottom: T.D										
Depth to Top: Bottom: T.D										
Depth to Top: Bottom: T.D										
Show depth and thickness of a	all water, oil and gas form	ations.								
Oil, Gas or Water Records			Casing Record	d (Surface, Conductor & F	Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out					
cement or other plugs were us	sed, state the character of	same depth placed from (bot	tom), to (top) fo	or each plug set.						
Plugging Contractor License #:										
Address 1: Address			Address 2:							
City:			Stat	e:						
Phone: ()										
Name of Party Responsible fo	r Plugging Fees:									
State of	County,		, ss	s.						
(Print Name)				Employee of Operato	or 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.

STATEMENT

ELMORE'S INC.

Box 87 - 776 HWY 99

Sedan, KS 67361

Date 8-16-

SHIPD AUG 2 8 2023

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

Customer Red Bud

Address

City

Zip State

Amount

Price

1800°

130,00

Silifu AUG 3 1 2023 Description

Qty.

AFE#//Projec# Location

00

220,

7.0

0.0

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160,

00 00

00

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390,

30,00

00

Ce-Subfeature#/Description: QUM S-Followari

62

184.62

OX

O MAIS 1 Soll

.05% 600 Thank You – We appreciate your business! (Q),44

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.

1Eber-208-51