KOLAR Document ID: 1744871

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 #: Gas Storage Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: Gas Storage Permit #:	County: Well #: Lease Name: Well #:
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)		tion)	
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

Ref. No: G 235805373 00 m 10 00 00 00 50 00 0 00 00 5387 TERMS: Account due upon receipt of services. A 11/2% Service Charge, which is an annual Amount 280, 200 53 Zley, 520, 340, 5 2/10 04 352 m 2 m leening. 3 Sedan, Kansas 67361 N EMPN Zip) 85.00 16.00 65,00 d in 69 00 00 g 20 RSKS emen 00 Price 130. 9 130, Thank You - We appreciate your business! N 5 ACP.0. Box 337 percentage rate of 18% will be charged to accounts after 30 days. Date 550 2 B No thed Hale State 22 5 200 Box 87 - 776 HWY 99 Empr 2 Rane Cell: (620) 249-2519 Eve: (620) 725-5538 ELMORE'S INC. 601 Sedan, KS 67361 0 000 5. 1ou 1416 Description 20 -S 50 dor 00 0 ement 0 0 9 0 × ta 1ater em ootted Rec'd. by Bec NON 0 d 2 00 5 STATEMENT 2 K V 1 Roe 0 5 5 5 Customer Address 2050 Oty. 200 City 5 4 9