KOLAR Document ID: 1749774

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 Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:
Type of Well: (<i>Check one</i>) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: 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 (<i>If needed attach another sheet</i>) Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.	NE NW SE SW County:

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

Oil, Gas or Water	Records		Casing Record (Surfa	ce, Conductor & Produc	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 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

STATEMENT

ELMORE'S INC. Box 87 - 776 HWY 99 Sedan, KS 67361 Cell: (620) 249-2519 Eve: (620) 725-5538

15390 m N 1-1-) 3 Date

Customer Matadon In

Address____

	State	Zip		
	Description	Price	Amount	int
X	Pulling Muit	130,00	650.	00
X	Cement Rund	130,000	520,	00
X	- Water Track	25,00		00
5	k Coel	16.00	16,00	00
VI	SKS Cement	16,00	6.	00
Lughterson	ersonation At 550'	250,00	250,	00
-5	~ Backhar	35,00		00
1450'	1" Tubin "	* 20	290,	00
hangling	Mue Joh Evolun Fullers	00	3287,	00
a	and 1" To 1450 Gel Hope	e Tax 25	246.	5
S	potted 5 SKS Cement Pu	Pol B	IN	M 10
2 X C	oto 800' Spotted 5 Sts Cement	Mput		. *
93	1100 1" Out Perforated	0.5140		
5	17 550' Ran 1" To 550	1		
60	emouted To Sunface With	-61		
X	S Cement . Clocod A:+			

Thank You – We appreciate your 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. lo: G 235805373