

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 #: 8736
Name: James D. Dixon
Address 1: I2I4 cyclone
Address 2: _____
City: Moline State: KS Zip: 67353
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 - 019-26,333-0000
Spot Description: SW SW SE 13 32 S. R. 10 E
330 Feet from _____ North / ☒ South Line of Section
2275 Feet from ☒ East / _____ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: Chautauqua
Lease Name: McNee "E" Well #: 2
Date Well Completed: _____
The plugging proposal was approved on: _____ (Date)
by: Dwayne Sims (KCC District Agent's Name)
Plugging Commenced: 9-22-09
Plugging Completed: 9-24-09

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.

Refer to invoice 8382

RECEIVED
KANSAS CORPORATION COMMISSION

FEB 16 2010

CONSERVATION DIVISION
WICHITA, KS

Plugging Contractor License #: 32884 Name: John Elmore ELMORES, INC.
Address 1: Box 87 Address 2: _____
City: Sedan State: KS Zip: 67361
Phone: (620) 249-2519
Name of Party Responsible for Plugging Fees: James D. Dixon
State of Kansas County: Elk ss. _____
James D. Dixon ☐ Employee of Operator or ☒ Operator on above-described well.
(Print Name)

*Wks. oper. sl/b
co. resp. for
fee per AS
KCC*

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.

Signature: James D. Dixon

Mail to: KCC - Conservation Division, 130 S. Market - Room 2075, Wichita, Kansas 67202

KCC

STATEMENT

8382

ELMORE'S INC.

Box 87 - 776 HWY99

Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

Date

9-24-09

RECEIVED
KANSAS CORPORATION COMMISSION

FEB 16 2010

CONSERVATION DIVISION
WICHITA, KS

Customer Dixon Partners
Address _____
City _____ State _____ Zip _____

Qty.	Description	Price	Amount
8	hr Pulling Unit	95.00	760.00
3	hr Cement Pump	100.00	300.00
3	hr Water Truck	80.00	240.00
70	Sks Cement	7.95	556.50
2	Sks Gel	15.00	30.00
2000'	1" Tubin	.10	200.00
1	Brak Tank	80.00	80.00
2	hr Backhoe	50.00	100.00
			2266.50
	M'Nee E #2 Pulled	Tax	142.79
	Rods + Tubin 1600'	\$	2409.29
	+ Packer Ran 1" IN well		
	To 2000' Spotted 10 Sks		
	Cement Gel Hole Pulled Up		
	To 1500' Spotted 5 Sks Cement		
	Pulled Up to 550' Cemented to		
	Surface With 55 Sks Cement		

Thank You -- We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.