KOLAR Document ID: 1743336

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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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) Storm: T.D. Storm: T.D. Depth to Top: Bottom: T.D. Storm: T.D. Storm: Sto	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Diversion Completed:
Depth to Top: Bottom: T.D	Plugging Completed:

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

STATEMENT

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

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537

[month]

Van Royen Oil + Gas

Customer ______ Address

00 00 M 00. 00 00 00 mm 00 00 00 3 Amount 00 520, 52' 140, 05 2000% S 5 390 16 25 N 343 -9 N F m Zip 16,00 25,00 85,00 60 24 130,00 30,00 16,00 75 00 Price ,20 853 /ax Lace 23 Ser 404 504 mout State 1040 \$¥30 10 0 57 outed N U 16 3026 Description Kim 0 7 m 5 20 mous emen ALL ment 20 本15-041-19087 Jatev 0 SAOF C 22 emen Back Q) 197 S Q á Sks 3 X 251 02 2 2 1240 500 V 2X 2s 30 4 40 No 0 125 400 D P P Qty. r 2 S

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.

STAPLES STORE #0501 (91)

Ref. No: G 235805373