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
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator:	Hoomer We	-11 S	er J		API Number: 15 -	059-22638-00-0	
Address: 2 426				66019	Lease Name:	Eloumor'	
Phone: (785) 818- 3497 Operator License #: 53 53 Well Number: # 4							
					Spot Location (QQQQ): Ww - SE SE-		
Type of Well: Docket #: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)					. .	North / Z South Section Line	
						Z East / West Section Line	
by: FIRUK	Guil Poyls	<u> </u>	_ (KCC District	Agent's Name)	n.	7 S. R. 2(East West	
Is ACO-1 filled? Yes No If not, is well log attached? Yes No					1	entlie	
Producing Formation(s): List All (If needed attach another sheet)					Date Well Completed	May 21-04	
Depth to Top: Bottom: T.D					Date Well Completed	5ane. 5-21-04	
Depth to Top: Bottom: T.D				Plugging Commence	Same 5-21-04		
Depth to Top: Bottom: T.D				Plugging Completed:	2442 5 20 04		
Show depth and thickness	s of all water, oil and gas	s formations.					
	Oil, Gas or Water, Records Casing Record (Surface Conductor & Production)						
Formation	Content	From	То	Size	Put In	Pulled Out	
Collbuss.		714	717	25	142	0	
Describe in detail the mar	olugs were used, state the state of the stat	polugged, indice character of	f same depth p	placed from (bot	tom), to (top) for each p	:55um To 700/23	
Address: 122	KSull's	Kar	SUS				
Name of Party Responsib	ole for Plugging Fees		Bloc	mel "		RECEIVED	
State of Kasa		Fran		, ss.		JUL 15 2004	
Don	C. B10	omer		(Employee o	of Operator) or (Operator	on above-descib@wWI@HITAV	
sworn on oath, says: Tha	t I have knowledge of th					above-described well is as filed, and the	
		(Signature)	You	<u>. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>	- A (1) A	1/ 1/10	
		(Address)	292		ent Ranta	0 Ks 66079	
	SUBSCRIBED and	SWORN TO	before me this	9m day of	July	, 20 04	
ROBERT W. GF	REEN (OLVEX)	W. C	treen	N	//y Commission Expires:_	10-20-04	
State of Kans My Appt. Exp. Oct. 2		Notary F	Public				