Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 30 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

K.A.R. 82-3-117

Form CP-4
September 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: Mike Kelso Oi	l, Inc.		API Number: 15 -	053+21,099-00-00
Address: P.O. Box 467 Chase, Kansas 67524				llhagen =
Phone: (620) 938 2943 Operator License #: 31528			Well Number:	/1
Type of Well:O_i_1			Spot Location (QQQQ): NE SW SW 840 Feet from North / X South Section Line	
The plugging proposal was approved on:			1	X East / West Section Line
by: Virgil Clothier	(KCC Dist	rict Agent's Name)	,	7 S. R. 9 East X West
Is ACO-1 filed? Yes No If not, is	well log attached?	Yes No	County: Ellsw	
Producing Formation(s): List All (If needed attach another sheet)			Date Well Completed:	
Depth to Top: Bottom: T.D				
Depth to Top: Bottom: T.D			Plugging Commenced:	12-13-04
Depth to Top: Bottom: T.D. 3207 *			Plugging Completed:	12-14-04
Show depth and thickness of all water, oil and gas	s formations			
Oil, Gas or Water Records		Casina Record (S	urface Conductor & Produc	(100)
Formation Content	From To	Size	P	Pulled Out
		8-5/8"	280	None
'		4-1/2"		1
		7-1/2	3203	950'
i				
Describe in detail the manner in which the well is phole. If cement or other plugs were used, state the Plugged off bottom with @950', pulled up to 900'	sand to 3100	n placed, from and 4 s	acks cement.	feet each set.
130 sacks cement W/100#	hulls. Cemen	t. didn•t	circulate	To a Company
ran 2-3/8" tubing to 280	' & circulat	ed 100 sa	cks coment	CO.//O cement @280
Mikolo T		- 100 34	PT	ugging Complete.
The state of the same of the s	cecing & Jai	vage, Inc	• License #: 315	29 RECEIVED
Address: P.O. Box 467	Chase, Kansa	s 67524		
Name of Party Responsible for Plugging Fees:	Mike Kelso	Oil, Inc	•	JAN 1 0 2005
Kansas State ofCounty,	Rice	00	uner,	KCC WICHITA
Mike Ke	1		vanyv ≠ 1/8	
sworn on oath, says: That I have knowledge of the		(Employee of C	Operator) or (Operator) on	above-described well, being first duly
same are true and correct, so help me God.		2)	ed, and the log of the abo	ove-described well is as filed, and the
(Signature)	1 26	lu-	
(Address) P.O. Bo	ox 467 (Chase. Kansa	s 67524
	WORN TO before me this			
	\ / .		-	
- Hame	- revinner			
	Notary Public	My C	ommission Expires:	NOTARY PUBLIC - State of Kansas IRENE HERZBERG