Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION RECEIVED OIL & GAS CONSERVATION DIVISION AUG 2 & 2005

WELL PLUGGING RECORD
K.A.R. 82-3-117
KCC WICHITA

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

Lease Operator: Gore Oil Company					API Number: 15 - 137-20250 - 00-00		
Address: P.O. Box 2757, Wichita, KS 67201-2757					Lease Name: Nelson C		
Phone: (316) 263 -3535 Operator License #: 5552					Well Number:		
Type of Well: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) The plugging proposal was approved on: 7-18-05 (If SWD or ENHR) (Date) by: Rich Williams					Spot Location (QQQQ): NW - NE - SW - 2310 Feet from North / South Section Line 3630 Feet from East / West Section Line Sec. 12 Twp. 5 S. R. 22 East West		
Is ACO-1 filed?				No	County: Norton	5. R [_] E8	ast 💌 West
Producing Formation(s): List All (If needed attach another sheet) Lansing Depth to Top: 3245 Bottom: 3425 T.D. Kansas City Depth to Top: 3426 Bottom: 3540 T.D. Depth to Top: Bottom: T.D.					Date Well Completed: 8-3-82 Plugging Commenced: 7-18-05 Plugging Completed: 7-18-05		
Show depth and thickness	of all water, oil and gas t	ormations.					
	Vater Records	F		<u>-</u>	Surface Conductor & Prod		
Formation	Content	From	225'	Size 8 5/8"	Put In	Pulled Out O'	-F
Surface	oil,gas,water				225'		
Production	oil,gas,water	0	3509'	4 1/2"	3509'	0'	
- ecu .		· ·					
Run tbg to 2060' a	olugs were used, state the and Swift circ ceme	character of ent to sur rface up	f same depth pl face. Pulle and held.	aced from (both d tubing a	nd topped off cas	or methods used in introducting set. Sing. Pumped 40 sx ment total and 500	cement
Name of Plugging Contractor: Swift Services, Inc.					License #: 32382		
Address: P.O. Box	466, Ness City	, KS 67	7560-046	6			
Name of Party Responsib	le for Plugging Fees: GC	ore Oil	Company	/		A-500-1127-01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
State of Kansas	County,	Sedgwi	ck	, ss.			
Larry M. Jack				(Employee o	of Operator) or (Operator) on above-described well, b	peina first duly
sworn on oath, says: That	t I have knowledge of the	facts statem	ents, and matte			above-described well is as	• •
same are true and correct	•	Signature)_	Lany	M 9	Pach		
REBECCA State My Appt. E	K. CRAWFORD of Kansas xp=2-20-07	Address)\	Vichita;∕KS				20.05
	SUBSCRIBED and S	WORN TO I	perore me this _			2-20 00	20 05
	gerua 3	Notary P	blic	M	y Commission Expires:_	3-40-01	· ·