



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

KANSAS CORPORATION COMMISSION 1048610
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

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

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

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 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 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

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.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 4725

Date	12-21-10	Sec.	Twp.	Range	County	State	On Location	Finish
Lease	Lesage Turn	Well No.	1	Location	Demar 8 ³ / ₄ N W ¹ / ₄			12:45PM
Contractor	Renegade Well	Owner		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.				
Type Job	Plug	T.D.		Charge To				
Hole Size		Depth		To				
Csg.	1 1/2	Depth		Street				
Tbg. Size	2 3/8	Depth		City				
Tool		Depth		State				
Cement Left in Csg.		Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line		Displace		Cement Amount Ordered				

EQUIPMENT

Pumptrk	5	No.	Cementer	
			Helper	
Bulktrk	12	No.	Driver	
			Driver	
Bulktrk		No.	Driver	
			Driver	

500# Hulls on side
Common 153
Poz. Mix 102
Gel. 9

JOB SERVICES & REMARKS

Remarks:
Rat Hole
Mouse Hole
Centralizers
Baskets
D/V or Port Collar
1st Plug @ 2120 Mix 175sx
w/ 300# Hulls
2nd Plug @ 1000 Mix 70sx
w/ 200# Hulls & CMC Cement
Top off 4 1/2 w/ 110sx
8 1/2 Fall instant pressure
* Used 255sx *
9 500# Hulls

Calcium
Hulls 500#
Salt
Flowseal
Kol-Seal
Mud CLR 48
CFL-117 or CD110 CAF 38
Sand
Handling 325
Mileage

FLOAT EQUIPMENT

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down

Pumptrk Charge plug
Mileage 51

Thank You

X Signature Don Bowman

Tax
Discount
Total Charge