

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1051322

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 #:					API No. 15																		
					Spot Description:																		
Address 1:			-		Sec Tw	/p S. R East West																	
Address 2:					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																		
												Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	County							
												Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:							
												ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes																					
Producing Formation(s): List A	All (If needed attach another	sheet)	b	y:		(KCC District Agent's Name)																	
Depth to	o Top: Botto	m: T.D	_	Pluggin	na Commenced:																		
Depth to	o Top: Botto	m: T.D		Plugging Completed:																			
Depth to	o Top: Botto	m:T.D	'	luggiii	ig Completed.																		
Show depth and thickness of	all water, oil and gas forma	ations.																					
Oil, Gas or Wate	r Records		Casing Rec	ord (S	urface, Conductor & Produc	etion)																	
Formation	Content	Casing	Size		Setting Depth	Pulled Out																	
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for ea	ach plug set.																		
Plugging Contractor License #:				ə:																			
Address 1:			Address 2:																				
City:			S	tate:_		Zip:+																	
Phone: ()																							
Name of Party Responsible for	or Plugging Fees:																						
State of	County, _		,	SS.																			
(Print Name)				E	Employee of Operator or	Operator on above-described well,																	

Submitted Electronically

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

QUEST Resource Corporation

15-099-82852-0002 TICKET NUMBER



211 W. 14TH STREET, CHANUTE, KS 66720 620-431-9500

AFE X10002

FIELD TICKET REF # _ FOREMAN <u>OTTO 6. POWERS</u> SSI _____

***************************************				TICKET CEMEN	r AP	1		
DATE		WELL N	AME & NUMBE	R	SECTION	TOWNSHIP	RANGE	COUNTY
7-16-10	MFI	Roberts	#1		245	34	1フ	Lorbette
FOREMAN /	TIME	TIME	LESS	TRUCK	TRAILER	TRUCI	K	EMPLOYEE
OPERATOR	IN	OUT	LUNCH	#	#	HOUR	s	SIGNATURE
OTTO G. Vor	48 7:00	4:30				1 9, 3	5 0	Tass. Lew
Darrelldans	ey 7:00			903600		9.5	- 6	Source
Joe Bhuchen	d 7:00			903255		9.5	- 1	7 au Blown
Classmide		1.00		904745		4	Ĉ.	(see)
L. Mun.	ng 7:00	1:00		904730		6		1/1/
Jerryleste	1 7:00	4:30		904505		9.5	-	In the
JOB TYPE <u>54 0</u>	HOLES	SIZE	H	OLE DEPTH	CASIN	NG SIZE & WE	IGHT 2	1/2
CASING DEPTH_	918 DRILLI	PIPE			OTHE			
SLURRY WEIGHT_				/ATER gal/sk			ASING /	7411
				IIX PSI			, .c., .c.	.5.72
REMARKS:		_			,,,,,			
	noted on	TIAIM	The	colina A	31	へ ノフム	11I	1
Then	Dumped		,	= /-ment	- 650 - 65 - 65 - 65 - 65 - 65 - 65 - 65	1-00	<u> </u>	newter
de lorso	Lange Co		19 () Jell (- E-MILNIT	901675118	e into	17-111	10 800
- 100	190 er 3 20	OF 9	1011,	ş <u>6</u>				
							<u></u>	
				<u> </u>			vit.	
ACCOUNT	OLIANITITY	VITO -				··		TOTAL
CODE	QUANTITY or UI			DESCRIPTION OF SERVI			TOTAL AMOUNT	
704505	(nan Pickup					
703255	<u> </u>	200	ent Pump Truck			- 4		
903600		Bulk						
			port Truck					
001:			port Trailer					
104735		80 Va		·		,	1	
704 145		-Cusin	- 00 00	76	·			
I		Centra	alizers	•			ľ	

Float Shoe Wiper Plug Frac Baffles Portland Cement Gilsonite Flo-Seal Premium Gel Cal Chloride KCL City Water