

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

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			
Name:				Spot Description:			
Address 1:				Sec Twp S. R East West			
Address 2:				Feet from North / South Line of Section			
City:				Feet from East / West Line of Section			
Contact Person:				Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				NE NW SE SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic				County:			
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No						proved on:	
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC District Agent's Name)			
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to Top: Bottom: T.D				Plugging Completed:			
Show depth and thickness o	f all water, oil and gas f	ormations.					
Oil, Gas or Wate	er Records		Casing R	ecord (Sur	face, Conductor & Prod	luction)	
Formation Content		Casing	Size	Setting Depth Pulled Out			
		lugged, indicating where the muer of same depth placed from (bo					
Plugging Contractor License #:			_ Name: _	ne:			
Address 1:			Address	2:			
City:				State:		Zip:	_+
Phone: ()							
Name of Party Responsible	for Plugging Fees:						
State of	County,			_ , SS.			
					nployee of Operator o	r Operator on above	a-described well
	(Print Nam			_ <u> </u>	inhioyee of Operator o	Delator on above	-uescribed 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

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. 4862

Sec. Twp. Range County State On Location Finish iO Date Well No. Lease Location than # / Contractor Owner To Quality Oilwell Cementing, Inc. Type Job You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. T.D. 3720 Hole Size Charge Depth Csg. To Depth Tbg. Size Street Depth Tool City State Shoe Joint Cement Left in Csg. The above was done to satisfaction and supervision of owner agent or contractor. Displace Cement Amount Ordered Meas Line **EQUIPMENT** No. Cementer Common **Pumptrk** Helper Driver No. Bulktrk Poz. Mix Driver² No. Driver Bulktrk Gel. Driver **JOB SERVICES & REMARKS** Calcium Remarks: Hulls Rat Hole Salt 50# Mouse Hole Flowseal Centralizers Kol-Seal **Baskets** Mud CLR 48 D/V or Port Collar CFL-117 or CD110 CAF 38 Sand Handling Mileage 40st FLOAT EQUIPMENT **Guide Shoe** Centralizer **Baskets AFU Inserts** Float Shoe Latch Down Pumptrk Charge Mileage Tax Discount **Total Charge**