

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

1078293

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 #:			AF	PI No	. 15					
Name:					Spot Description:					
Address 1:			_		Sec Tw	/p 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 Cathodi	ic C	ountv	r:					
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:						
ENHR Permit #:	Gas Sto	rage Permit #:								
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1	The plugging proposal was approved on: (Date)						
Producing Formation(s): List A	All (If needed attach another	sheet)	by	r:		(KCC District Agent's Name)				
Depth to	Top: Botto	m: T.D	_{PI}	Plugging Commenced:						
Depth to	Top: Botto	m: T.D								
Depth to	Top: Botto	m:T.D		- 55	0 1					
				—						
Show depth and thickness of		ations.								
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us	. 00					ds used in introducing it into the hole. If				
Plugging Contractor License #:				ne:						
Address 1:			Address 2: _							
City:			St	ate: _		Zip:+				
Phone: ()										
Name of Party Responsible fo	r Plugging Fees:									
State of	County, _		, ;	SS.						
(Print Nama)				[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

QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665 No. 486

Cell 785-324-1041	Sec.	Twp.	Range	County	State	On Location	Finish			
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Type Job Tho		ACHAN ION	You are he	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.						
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