



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

KANSAS CORPORATION COMMISSION 1081548
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

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

No. 497

Cell 785-324-1041

Date	4-29-12	Sec.	17	Twp.	15	Range	12	County	Rawl	State	Kansas	On Location		Finish	6:45pm
Lease	Black AA	Well No.	2		Location Tanager Hill S to Dead End at 452										
Contractor	Krypt Drilling Rig							Owner							
Type Job	Refracture							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.							
Hole Size	7 7/8		T.D.		3-50										
Csg.			Depth		Charge To										
Tbg. Size			Depth		Street										
Tool			Depth		City 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 185 100/40 4 1/2										

EQUIPMENT

Pumptrk	No.	Cementer		Common	111
		Helper			
Bulktrk	No.	Driver		Poz. Mix	74
		Driver		Gel.	6
Bulktrk	No.	Driver		Calcium	
		Driver		Hulls	

JOB SERVICES & REMARKS

Remarks:		Salt
Rat Hole		Flowseal 50#
Mouse Hole		Kol-Seal
Centralizers		Mud CLR 48
Baskets		CFL-117 or CD110 CAF 38
D/V or Port Collar		Sand
15' Hg @ 3-50		Handling 191
2nd @ 7-80		Mileage

FLOAT EQUIPMENT

3rd @ 4-40		Guide Shoe
4th @ 10-50		Centralizer
5th @ 10-50		Baskets
6th @ 10-50		AFU Inserts
7th @ 10-50		Float Shoe
8th @ 10-50		Latch Down
9th @ 10-50		8 1/2 Wood Plug
10th @ 10-50		Pumptrk Charge Plug
11th @ 10-50		Mileage 19

Tax
Discount
Total Charge

X Signature

[Handwritten Signature]