



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

KANSAS CORPORATION COMMISSION 1094885
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 WELL SERVICE, INC.

Federal Tax I.D. # 481187368

5484

Home Office 324 Simpson St., Pratt, KS 67124

Todd's Cell 620-388-5422
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	5-30-12	Sec.	31	Twp.	28	Range	22	County	Ford	State	KS	On Location		Finish	1:30				
Lease	Imel	Well No.	31-12			Location						Kingsdown 2N 1E 1/2N Finto							
Contractor	Val 1				Owner				To Quality Well Service, 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	Rotary Plug				T.D.				Charge To										
Hole Size					Depth				Vincent Oil Corp.										
Csg.					Depth				Street										
Tbg. Size					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								1/4# C.F.											
Pumptrk	8	No.	Dave				Common				102								
Bulktrk	7	No.	Mike				Poz. Mix				68								
Bulktrk		No.					Gel.				6								
Pickup		No.					Calcium												
JOB SERVICES & REMARKS								Hulls											
Rat Hole	30sx 60/40 4% Gel				Salt														
Mouse Hole	20sx 60/40 4% Gel				Flowseal				42.5										
Centralizers					Kol-Seal														
Baskets					Mud CLR 48														
D/V or Port Collar					CFL-117 or CD110 CAF 38														
								Sand											
1st Pumped 50sx 60/40 4% Gel @ 700'								Handling								176			
								Mileage								50			
								FLOAT EQUIPMENT											
2nd Pumped 50sx 60/40 4% Gel @ 500'								Guide Shoe											
								Centralizer											
								Baskets											
3rd Pumped 20sx 60/40 4% Gel @ 60'								AFU Inserts											
								Float Shoe											
								Latch Down											
								Pumptrk Charge								Rotary Plug			
								Mileage								50			
								Tax											
								Discount											
X Signature <i>Pat Hull</i>								Total Charge											

31-28-22W

State Geologist **K.G.S. LIBRARY**
WICHITA BRANCH

~~CONFIDENTIAL~~

ACC-1

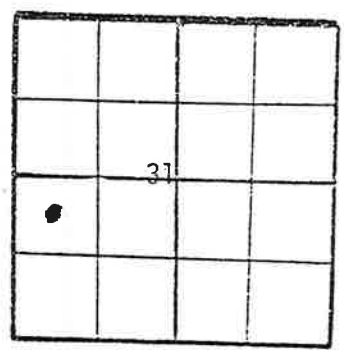
This form must be filed in triplicate with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within five days after the completion of the well, regardless of how the well was completed. Circle one: Oil, gas, dry, SWD, OWWO, injection. Please type. Complete ALL sections. Applications must be filed for dual completion, commingling, salt water disposal and injection. Attach wireline logs (i.e. electrical log, sonic log, gamma ray neutron log, etc.) KCC#-(316) 263-3238.

OPERATOR Samuel Gary Oil Producer API NO. 15-057-20,246
ADDRESS Four Inverness Court East COUNTY Ford
Englewood, Colorado 80112 FIELD W/C
*CONTACT PERSON F. F. Farnham LEASE Imel
PHONE (303) 773-3800, ext. 230

PURCHASER N/A WELL NO. 31-12
ADDRESS _____ WELL LOCATION NW SW

DRILLING CONTRACTOR Big "A" Drilling 770 Ft. from North 1/4 Line and
ADDRESS 717 17th Street, Suite 2860 590 Ft. from West Line of
Denver, Colorado 80202 the 31 SEC. 28 TWP. 22 RGE.W

PLUGGING CONTRACTOR Halliburton
ADDRESS P.O. Drawer 1431 Duncan, OK 73536
TOTAL DEPTH 6014' PBDT N/A
SPUD DATE 9/19/81 DATE COMPLETED 10/3/81
ELEV: GR 2500 DF 2509 KB 2510'



WELL PLAT
~~XXXXXXXX~~
or (Full) Section - Please indicate.

KGS ✓
PLUG ✓

DRILLED WITH ~~XXXXXX~~ (ROTARY) ~~(MTR)~~ TOOLS
Report of all strings set — surface, intermediate, production, etc. (New)/(Used) casing.

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Sacks	Type and percent additives
Surface Csg	12 1/2"	8-5/8"	23#	554'	Lite Common	150 sx 200 sx	2% gel, 3% cc

LINER RECORD			PERFORATION RECORD		
Top ft	Bottom, ft	Sacks cement	Shots per ft.	Size & type	Depth interval
N/A			N/A		

TUBING RECORD		
Size	Setting depth	Packer set at
N/A		

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD	
Amount and kind of material used	Depth interval treated, ft.

TEST DATA		PRODUCTION	
Date of first production <u>Plugged</u>	Producing method <u>flowing, pumping, gas lift, etc.</u>	Specific Gravity	
RATE OF PRODUCTION PER 24 HOURS	Oil _____ Gas _____	Date: <u>AUG 1 1982</u>	Gas-oil ratio _____
Disposition of gas <u>vented used on lease or sold.</u>	bbbls _____ MCF _____	Producing Interval _____	CFR _____

RELEASED
AUG 1 1982
CONFIDENTIAL

** The person who can be reached by phone regarding any questions concerning this information.
A witnessed initial test by the Commission is required if the well produces more than 25 BOPD or is located in a Basic Order Pool.

Type of lowest fresh water producing stratum Ogallala Depth 365'
 Estimated height of cement behind pipe To surface

WELL LOG

Show all important zones of porosity and contents thereof; cored intervals and all drill stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries

SHOW GEOLOGICAL MARKERS, LOGS RUN OR OTHER DESCRIPTIVE INFORMATION

FORMATION DESCRIPTION, CONTENTS, ETC.	TOP	BOTTOM	NAME	DEPTH
Geological report has been sent to Kansas Geological Survey. Samuel Gary Oil Producer is requesting that down-hole geological information including drill cuttings, all wireline logs, surveys, and driller's logs be kept in Confidential Status for a period of one (1) year from the date of receipt as indicated under Kansas Regulation 82-2-125.				

USE ADDITIONAL SHEETS, IF NECESSARY, TO COMPLETE WELL RECORD.

A F F I D A V I T

STATE OF Colorado, COUNTY OF Denver SS,

Frank E. Farnham OF LAWFUL AGE, BEING FIRST DULY SWORN UPON HIS OATH, DEPOSES AND SAYS:

THAT HE IS D & P Manager FOR Samuel Gary Oil Producer OPERATOR OF THE Imel LEASE, AND IS DULY AUTHORIZED TO MAKE THIS AFFIDAVIT FOR AND ON BEHALF OF SAID OPERATOR, THAT WELL NO. 31-12 ON SAID LEASE HAS BEEN COMPLETED AS OF THE 3rd DAY OF October 19 81, AND THAT ALL INFORMATION ENTERED HEREIN WITH RESPECT TO SAID WELL IS TRUE AND CORRECT.

FURTHER AFFIANT SAITH NOT.

(S) Frank E. Farnham
 SUBSCRIBED AND SWORN TO BEFORE ME THIS 4th DAY OF November 19 81

Linda Ballas
 NOTARY PUBLIC

MY COMMISSION EXPIRES: 11/15/81

