



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

KANSAS CORPORATION COMMISSION 1095436
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
Cell 785-324-1041

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

No. 4135

Date	8-10-2010	Sec.	19	Twp.	17	Range	14	County	Barton	State	Ks	On Location		Finish	2:00 PM
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Lease	Linhan Jean	Well No. #1	Location	281st St (Boyd Pl), W to 70 Ave
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Contractor	Classic Well Service	Owner	REN, W/S
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Type Job	plug	To Quality Oilwell Cementing, Inc.
Hole Size		You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Csg. Size	5 1/2"	Depth	3300'	Charge To	Reif oil & gas
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Tbg. Size		Depth		Street	
Tool	CI BP	Depth	3300'	City	

Cement Left in Csg.	3300'	Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.	
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Meas Line		Displace	11.0	Cement Amount Ordered	400 SK 60/40 4% gel
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EQUIPMENT

Pumptrk	9	No.	Cement		500 # Halls used 375 -> not used
			Helper	Neale	
Bulktrk	7	No.	Driver	Cisco	Common 225
			Driver	Rick	Poz. Mix 150
Bulktrk pickup		No.	Driver		Gel. 13

JOB SERVICES & REMARKS

Remarks:		Calcium
Rat Hole		Hulls
Mouse Hole		Salt
Centralizers		Flowseal
Baskets		Kol-Seal
D/V or Port Collar		Mud CLR 48
		CFL-117 or CD110 CAF 38
		Sand
		Handling 918
		Mileage

FLOAT EQUIPMENT

		Guide Shoe
		Centralizer
		Baskets
		AFU inserts
		Float Shoe
		Latch Down

3300' - CI BP
Fill 5 1/2" casing from 3300' to surface with 300 SK 60/40 4% gel 1/4 # f.s. sl wt in at 300 # PSI

NO Halls used

Pumptrk Charge plug
Mileage 25

X Signature *[Signature]*

Tax
Discount
Total Charge