



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

KANSAS CORPORATION COMMISSION 1100137
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. 697

Date	6-28-12	Sec.	9	Twp.	17	Range	14	County	Barton	State	KS	On Location		Finish	9:00p.m.
Lease	Beren Trust			Well No.	2-9			Location	Hwy 281 Stolsboro 2w 420 E into						

Contractor	Sterling #4			Owner	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.										
Type Job	Surface			Hole Size	12 1/4	T.D.	985	Charge To	Shelby Resources						
Csg.	8 5/8			Depth	921 983			Street							
Tbg. Size				Depth											
Tool				Depth											
Cement Left in Csg.	26.12			Shoe Joint	26.12			The above was done to satisfaction and supervision of owner agent or contractor.							
Meas Line				Displace	60 3/4 RC			Cement Amount Ordered	380 6/40.3 1/4 2 1/4 6 1/4						

EQUIPMENT

Pumptrk	15	No.	Cement Helper	Maig	Common	228
Bulktrk		No.	Driver	NICK	Poz. Mix	152
Bulktrk	412	No.	Driver	Beane Doug	Gel.	7

JOB SERVICES & REMARKS

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

8 5/8 on bottom. Est. Circulation.
Mix 380 SK & Displace Plug.
Cement Circulated!

FLOAT EQUIPMENT

Guide Shoe	8 5/8
Centralizer	Butt weld shoe
Baskets	Baffle plate
AFU Inserts	Rubber Plug
Float Shoe	
Latch Down	

Pumptrk Charge	Long Surface
Mileage	23

X Signature *Jimmy S. Salas*

Tax	
Discount	
Total Charge	

Customer <i>SH2434-Resources</i>		Lease No.		Date	
Lease <i>BERON TRUST</i>		Well # <i>2-9</i>		<i>07-05-12</i>	
Field Order # <i>6511</i>	Station <i>PRATT KS</i>	Casing <i>D.P.</i>	Depth <i>3475'</i>	County <i>BARTON</i>	State <i>KS</i>
Type Job <i>CNW P.T.A.</i>			Formation	Legal Description <i>4-11-14</i>	

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	Max		5 Min.
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert J. King</i>
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Service Units	<i>37900</i>	<i>33708</i>	<i>20920</i>	<i>19836</i>	<i>19918</i>				
Driver Names	<i>Sullivan</i>	<i>Melton</i>	<i>Phyllis</i>	<i>BEN</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:30</i>					<i>ON loc. Softly meetz P.T.A.</i>
					<i>3475' w/ 25 sk</i>
<i>1242</i>			<i>10</i>	<i>3</i>	<i>SPACER</i>
<i>1255</i>			<i>6</i>	<i>✓</i>	<i>CMT</i>
			<i>45</i>	<i>7</i>	<i>DISC shot down w/ mud</i>
					<i>1035' w/ 40 sk</i>
<i>2:17</i>			<i>5</i>		<i>SPACER</i>
<i>5</i>			<i>10</i>		<i>CMT</i>
<i>225</i>			<i>7</i>		<i>DISC</i>
					<i>420' w 100 sk</i>
<i>248</i>			<i>5</i>		<i>SPACER</i>
<i>5</i>			<i>25</i>		<i>CMT</i>
<i>3:00</i>			<i>1.5</i>		<i>DISC</i>
<i>3:15</i>			<i>4</i>		<i>TOP 40'</i>
<i>3:30</i>			<i>7</i>		<i>RAT</i>
					<i>JOB complete</i>
					<i>Thank you</i>