



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

KANSAS CORPORATION COMMISSION 1105644
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.

5646

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

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

Date	8-25-12	Sec.	3	Twp.	28	Range	23	County	Ford	State	KS	On Location	6:30 AM 9:30	
Lease	Schoonover		Well No.	4-3		Location								Saddle Rd 3 3/4 W Sinto
Contractor	Duke 1						Owner							
Type Job	Surface						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.							
Hole Size	12 1/4		T.D.	662.51		Charge To							Vincent oil Duke Drilling	
Csg.	8 5/8		Depth	661.17		Street								
Tbg. Size			Depth			City							State	
Tool			Depth			The above was done to satisfaction and supervision of owner agent or contractor.								
Cement Left in Csg.			Shoe Joint			Cement Amount Ordered							220 65/35 6% gel 2%cc	
Meas Line			Displace	39.5 bbls		1/4 C.F. 100sx common 2% Gel 3%cc 1/4 C.F.								
EQUIPMENT						60sx common 3%								
Pumptrk	8	No.	Cody		Common							295		
Bulktrk	9	No.	Dand		Poz. Mix							85		
Bulktrk	10	No.	Mike		Gel.							14		
Pickup		No.			Calcium							14		
JOB SERVICES & REMARKS						Hulls								
Rat Hole					Salt									
Mouse Hole					Flowseal							82.50		
Centralizers					Kol-Seal									
Baskets					Mud CLR 48									
D/V or Port Collar					CFL-117 or CD110 CAF 38									
Ran 14jts of 8 5/8 csg.						Sand								
Est. circulation with Mud Pump.						Handling							408	
Pumped 220sx 65/35 6% Gel 2%cc						Mileage							50	
100sx common 2% gel 3%cc.						FLOAT EQUIPMENT								
Displaced with 39.5bbls Plug Landed 500psi						Guide Shoe								
Cement didn't circ.						Centralizer								
Ran 1" tubing 20' pumped 60sx						Baskets								
common 3%cc cement did circ.						AFU Inserts								
						Float Shoe								
						Latch Down								
						1 8 5/8 baffle Plate								
						1 8 5/8 Wooden Plug								
						Pumptrk Charge							Surface	
						Mileage							50	
						Tax								
						Discount								
						Total Charge								

X Signature *Mike Godfrey*

ALLIED CEMENTING CO., LLC. 32696

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge

DATE <u>9-3-12</u>	SEC. <u>3</u>	TWP. <u>28</u>	RANGE <u>23</u>	CALLED OUT <u>12:00</u>	ON LOCATION <u>5:00</u>	JOB START <u>6:45</u>	JOB FINISH <u>8:35</u>
LEASE <u>Scheeover</u>		WELL# <u>4-3</u>	LOCATION <u>Ford Ks, 1/4 N, to Saddle Rd</u>		COUNTY <u>Ford</u>	STATE <u>Ks.</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<u>3 1/2 W, S into</u>		<u>1.03</u>		<u>7.95</u>	

CONTRACTOR Duk #7
 TYPE OF JOB Rotary Plug
 HOLE SIZE 7 7/8 T.D. 1500
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 1500
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER Vincent Oil
 CEMENT
 AMOUNT ORDERED 170sx 60 140:4% gel

COMMON	<u>102sx @ 17.90</u>	<u>1805.80</u>
POZMIX	<u>68sx @ 9.35</u>	<u>635.80</u>
GEL	<u>60sx @ 18.00</u>	<u>1080.00</u>
CHLORIDE	@	
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	<u>179.75</u>	<u>445.78</u>
MILEAGE	<u>7.60x50x2.6</u>	<u>988.00</u>
	<u>3.80</u>	<u>TOTAL 4003.38</u>

EQUIPMENT

PUMP TRUCK CEMENTER Bon Guiley 1
 # 360-265 HELPER Scott Priddy 2
 BULK TRUCK
 # 356-290 DRIVER Troy Lenz 3
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
see Cement Log

CHARGE TO: Vincent Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>1500'</u>
PUMP TRUCK CHARGE	<u>2818.75</u>
EXTRA FOOTAGE	@
MILEAGE	<u>50 @ 7.70 385-</u>
MANIFOLD	@
Light Veh.	<u>50 @ 4.40 220-</u>
	@
TOTAL 2818.75	

PLUG & FLOAT EQUIPMENT

	@	
	@	
<u>None</u>	@	
	@	
	@	
TOTAL _____		

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (if Any) 542.35
 TOTAL CHARGES 6822.13
 DISCOUNT 250 1705.53 IF PAID IN 30 DAYS
net \$5116.60

PRINTED NAME X Mike Godfrey
 SIGNATURE X Mike Godfrey