



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

KANSAS CORPORATION COMMISSION 1127937
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.

(Print Name) Employee of Operator or Operator on above-described well,

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. 6443

Date	2-27-13	Sec.	21	Twp.	3	Range	21	County	Norton	State	Ks	On Location		Finish	4:30 PM
------	---------	------	----	------	---	-------	----	--------	--------	-------	----	-------------	--	--------	---------

Location Logan W to E-12 7N to RR R1W 14 4E

Lease	Mulder	Well No.	1	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.
-------	--------	----------	---	-------	--

Contractor	WV 12	Type Job	plug	Charge To	Black Diamond Oil
------------	-------	----------	------	-----------	-------------------

Hole Size		T.D.	3830	Street	
-----------	--	------	------	--------	--

Csg.	Pill pipe	Depth		City		State	
------	-----------	-------	--	------	--	-------	--

Tbg. Size		Depth		The above was done to satisfaction and supervision of owner agent or contractor.		
-----------	--	-------	--	--	--	--

Tool		Depth		Cement Amount Ordered	205 60/40 4% gel
------	--	-------	--	-----------------------	------------------

Cement Left in Csg.		Shoe Joint		Meas Line	Displace	1/4 flow
---------------------	--	------------	--	-----------	----------	----------

EQUIPMENT			Common	
Pumptrk	5	No. Cementer Helper	123	
Bulktrk	8	No. Driver	82	
Bulktrk	pu	No. Driver	7	

JOB SERVICES & REMARKS			
Remarks:		Salt	
Rat Hole	30 SX	Flowseal	50#
Mouse Hole		Kol-Seal	
Centralizers		Mud CLR 48	
Baskets		CFL-117 or CD110 CAF 38	
D/V or Port Collar		Sand	
		Handling	212
		Mileage	

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

--	--	--	--	--	--

X Signature *Callahan*

Pumptrk Charge *plug*
Mileage *65*

Wood Plug

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
Tax	
Discount	
Total Charge	