



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

KANSAS CORPORATION COMMISSION 1131557
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. 397

Date	Sec.	Twp.	Range	County	State	On Location	Finish
5-24-12	30	14	20	ELLIS	KANSAS		11:00 PM
Lease ADITE	Well No. # 30-1		Location ELLIS ST. SOUTH 20-14-30-1				
Contractor				Owner T. A. OPERATING			
Type Job P.T.A.				To Quality Oilwell Cementing, Inc.			
Hole Size 8 5/8 - 20 1/4"				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Csg. 5 1/2		T.D. 4000'		Depth 3997'		Charge To T. A. OPERATING	
Tbg. Size		Depth		Street			
Tool		Depth		City		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 350 LBS 4% GEL			
EQUIPMENT							
Pumptrk #15	No.	Cementer	NECK				
Bulktrk #	No.	Driver	BOB				
Bulktrk #10	No.	Driver	STEVE				
JOB SERVICES & REMARKS							
Remarks:				Calcium			
Rat Hole				Hulls 500 LBS			
Mouse Hole				Salt			
Centralizers				Flowseal			
Baskets				Kol-Seal			
D/V or Port Collar				Mud CLR 48			
				CFL-117 or CD110 CAF 38			
				Sand			
TRENCH 200 SKS @ 200				Handling 270			
125 OF WELLS				Mileage			
7 BASKETS OF GEL				FLOAT EQUIPMENT			
200 SKS OF CEMENT @ 300 LBS				Guide Shoe			
OF GEL SHUT CASING IN @ 500 LBS				Centralizer			
CONNECTED TO BACKSIDE PUMPED				Baskets			
5 SKS OF GEL @ 500 LBS				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge 1/2 day			
				Mileage 3			
Signature: <i>Michael Smith</i>				Tax			
				Discount			
				Total Charge			

