



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

KANSAS CORPORATION COMMISSION 1139266
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.

5804

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	1-20-13	Sec.	33	Twsp.	29	Range	24	County	Ford	State	KS	On Location		Finish	3:15-3:45
Lease	shelb	Well No.	1-33		Location Bloom, KS 3W 1/4 S E into										
Contractor	Duke							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. 647											
Csg.	8 5/8			Depth 632.48				Charge To Vincent Oil Corp							
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 220x65/35 6% gel 3% CC 1/4"							
EQUIPMENT								100sr Com 3% CC 2% gel							
Pumptrk	No.	8		Cody				Common							
Bulktrk	No.	9		David				Poz. Mix							
Bulktrk	No.	10		David				Gel.							
Pickup	No.							Calcium							
JOB SERVICES & 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							
Ran 15 JTS of 8 5/8 casing and landing jt								Sand							
								Handling							
								Mileage							
EST Circulation!								FLOAT EQUIPMENT							
								Guide Shoe							
Hooked up and mixed 220x65/35 and tailed in with 100sr com								Centralizer							
shut down and released plug								Baskets							
Disp 38.6 bbl of H2O - plug landed @ 700psi - Shut in								AFU Inserts							
								Float Shoe							
								Latch Down							
								Wood plug Baffle plate							
Cement Did Circulate to surface								Pumptrk Charge							
								Mileage							
								Tax							
								Discount							
								Total Charge							
Signature <i>Colin D Roche</i>															

ALLIED CEMENTING CO., LLC. 32722

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge KS

DATE	01-31-13	SEC.	33	TWP.	29s	RANGE	27w	CALLED OUT	ON LOCATION	JOB START	JOB FINISH	
LEASE	Skelton	WELL #	1-33	LOCATION	Bloom KS, Sw, 1 3/4 N, 6/16				COUNTY	Fond	STATE	KS

OLD OR NEW (Circle one)

CONTRACTOR Dulce #7

TYPE OF JOB Rotary Plug

HOLE SIZE 8 7/8 T.D. _____

CASING SIZE 8 3/8 DEPTH 645'

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 1560'

TOOL _____ DEPTH _____

PRES. MAX 350# MINIMUM _____

MEAS. LINE _____ SHOE JOINT n/a

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT Fresh H₂O & Drilling Mud

EQUIPMENT _____

PUMP TRUCK CEMENTER D. Felio 1

471-302 HELPER R. Gilley 1

BULK TRUCK DRIVER S. Bowen 3

364

BULK TRUCK DRIVER _____

OWNER Vincent

CEMENT AMOUNT ORDERED 210sx60:40:4% gel

COMMON class A	126x @	21.20	2671.20
POZMIX	84x @	9.35	785.40
GEL	8x @	23.40	187.20
CHLORIDE	@		
ASC	@		
HANDLING	222 ft ³	@ 2.48	550.56
MILEAGE	9.39 mi * 50x	@ 2.60	1220.70
TOTAL			5415.06

REMARKS:

See Job log,

Cement Dil. Conc. at surface Plug.

THX ☺

SERVICE

DEPTH OF JOB	1560'	2249.84
PUMP TRUCK CHARGE		
EXTRA FOOTAGE	@	
MILEAGE	50 @ 7.70	385.00
MANIFOLD Light Vehicle	N/A @ 4.40	220.00
TOTAL		2854.84

CHARGE TO: Vincent

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

None @ _____

_____ @ _____

_____ @ _____

_____ @ _____

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.

PRINTED NAME Galen D. Ranch

SIGNATURE Galen D. Ranch

SALES TAX (If Any) 657.45

TOTAL CHARGES 8269.80

DISCOUNT 20% 1653.98 IF PAID IN 30 DAYS

net 6615.92