

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

the same are true and correct, so help me God.

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## 1161154

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 #:			APIN	API No. 15				
Name:				Spot Description:				
Address 1:				Sec T	ſwp S. R East West			
Address 2:				Feet from North / South Line of Section				
City:	State:	Zip:+		Feet from East / West Line of Section				
Contact Person:			Foota	Footages Calculated from Nearest Outside Section Corner:				
Phone: ( )				□ NE □ NW □ SE □ SW				
Type of Well: (Check one) (Compared to the Charles) (Compared to the Charles) (Compared to the Charles) (Check one) (Check one	Other: Gas Sto	OG D&A Cathodi  SWD Permit #:  rage Permit #:  log attached? Yes	Leas Date	County: Well #: Well #: The plugging proposal was approved on: (Date)				
Producing Formation(s): List A	All (If needed attach another	sheet)			(KCC <b>District</b> Agent's Name)			
		m: T.D						
Depth to	o Top: Botto	m: T.D	1					
Depth to	o Top: Botto	m:T.D	Plugg	ging Completed:				
Show depth and thickness of	all water, oil and gas forma	ations.						
Oil, Gas or Water	r Records		Casing Record	(Surface, Conductor & Produ	uction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
cement or other plugs were us			•		ods used in introducing it into the hole. If			
Plugging Contractor License #		Name:						
Address 1:			Address 2:					
City:			State	:	Zip:+			
Phone: ( )								
Name of Party Responsible fo	or Plugging Fees:							
State of	County		. 88					
				Franksis of Orest	Operator on alternative to the			
	(Print Name)			Employee of Operator or	Operator on above-described well,			

Submitted Electronically

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

## QUALITY OIL WELL CEMENT'NG, INC. Federal Tax I.D.# 20-2886107

Phone 785-483-202 Cell 785-324-1041	25 ng ata	fination a	in in this parvier	P.O. Box 32 Ru		inclient of the maker of	6329		
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Mall No.				Owner	Cation Boyve & Review RD 23 Einto				
			To Quality	To Quality Oilwell Cementing, Inc.					
Type Job W. T. A		You are ne	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.						
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