



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

KANSAS CORPORATION COMMISSION 1162459
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. 7521

Date	Sec.	Twp.	Range	County	State	On Location	Finish
9-28-13	15	21	11	Starkford	KS		3:30 PM

Lease Fair Sleeper Trust		Well No. #2	Owner
Contractor Maverick		#106	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.
Type Job Plug			Charge To Smith Oil & Gas
Hole Size 7 7/8	T.D.	3410'	Street
Csg. Drill Pipe	Depth		City
Tbg. Size	Depth		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 60/40 4% bel 1/4 flow

Meas Line		Displace	Common 132
EQUIPMENT			
Pumptrk 5	No.	Cementer Helper Lonnie W	Poz. Mix 88
Bulktrk 1	No.	Driver David	Gel. 8
Bulktrk Pu	No.	Driver Brett	Calcium

JOB SERVICES & REMARKS		Huffs
Remarks:		Salt
Rat Hole 30 sx		Flowseal 55#
Mouse Hole 20 sx		Kol-Seal
Centralizers		Mud CLR 48
Baskets		CFL-117 or CD110 CAF 38
D/V or Port Collar		Sand
1st Plug 50 sx @ 300		Handling 28
2nd Plug 50 sx @ 300		Mileage
3rd Plug 50 sx @ 290		GUIDE EQUIPMENT
4th Plug 20 sx @ 60		Guide Shoe

Rat Hole 30 sx		Centralizer
Mouse Hole 20 sx		Baskets
		AF Inserts
		Flow Shoe
		Latch Down
		Wood Plug - 1
		Pumptrk Charge Plug
		Mileage 35

X Signature <i>Carl E. Farmer</i>	Tax
	Discount
	Total Charge

Quality Oilwell Cementing