

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

1162539

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 #:				API No. 15				
Name:				Spot Description:				
Address 1:					Sec 7	wp S.	R East West	
Address 2:				Feet from North / South Line of Section				
City:				Feet from East / West Line of Section				
Contact Person:				Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					NE NW	SE	SW	
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:				
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:				
ENHR Permit #: Gas Storage Permit #:							vveii #	
Is ACO-1 filed? Yes No If not, is well log attached? Yes No							(Date)	
Producing Formation(s): List A	All (If needed attach another	sheet)					(KCC District Agent's Name)	
Depth to	o Top: Botto	m: T.D		•				
Depth to Top: Bottom: T.D				Plugging Commenced: Plugging Completed:				
Depth to Top: Bottom: T.D				— Plugging Completed:				
Show depth and thickness of	all water, oil and gas forma	ations.						
Oil, Gas or Water Records			Casing I	ing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth		Pulled Out		
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for each	n plug set.			
Plugging Contractor License #:			Name: _	e:				
Address 1:			Address	2:				
City:				_ State: +				
Phone: ()				-				
Name of Party Responsible for	or Plugging Fees:							
State of	County,			, ss.				
	,				ployee of Operator or	05	or on above-described well,	
(Print Name)				_ <u></u> Em	pioyee of Operator of	Operato	n 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 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. 6893

Finish County State On Location Sec. Twp. Range 14 11 8 Date 9-11-13 10:00 DM Location Have 18 to River Rd 2 E Well No. Owner To Quality Oilwell Cementing, Inc. Contractor South wind 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 Plyon Hole Size 7 T.D. Depth Street Csg. Depth City Tbg. Size The above was done to satisfaction and supervision of owner agent or contractor Tool Depth 255 5x 60/40 4% 9e Cement Amount Ordered Cement Left in Csg Shoe Joint Displace Meas Line **EQUIPMENT** Common Cementer Helper Poz. Mix Pumptrk Driver Gel. Bulktrk onnie M. Driver Driver Bulktrk PU Calcium ravis Driver **JOB SERVICES & REMARKS** Hulls Salt Remarks: Flowseal Rat Hole Kol-Seal Mouse Hole Mud CLR 48 Centralizers CFL-117 or CD110 CAF 38 Baskets D/V or Port Collar Sand 1st 50 sx at 3467 Handling, 2nd 25 sxat 1210 Mileage FLOAT EQUIPMENT 3rd 100 sx at 605 4+4 40 stat 315 Guide Shoe 5th 10 sx at 40 with wood plug Centralizer 30 SX Rat hole Baskets AFU Inserts Float Shoe Latch Down Pumptrk Charge Mileage Tax Discount X Signature **Total Charge**