



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

KANSAS CORPORATION COMMISSION 1165835
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. 7211

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-15-13	16	18	14	Barton	Ks		3:45AM

Location 281 & Hwy 4 3S, 2W, 1/2 S, EN2

Lease	Well No.	Owner	
Slattery	1-16	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.	
Contractor			
Sterling 5			
Type Job		Charge To	
Plug		Shelby Resources	
Hole Size	T.D.		
7 7/8	3550		
Csg.	Depth	Street	
Tbg. Size	Depth	City	
		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 235 sx 6940 4% gel 1/4" Flow	

Meas Line Displace

EQUIPMENT			Common
Pumptrk	No.	Cementer	141
5		Helper Lonnie W	Poz. Mix 94
Bulktrk	No.	Driver	Gel. 8
8		Claton	Calcium
Bulktrk	No.	Driver	
PU		Travis	

JOB SERVICES & REMARKS

Remarks:	Salt
Rat Hole	Flowseal 59 #
Mouse Hole	Kol-Seal
Centralizers	Mud CLR 48
Baskets	CFL-117 or CD110 CAF 38
D/V or Port Collar	Sand
50 sx at 3440	Handling 243
40 sx at 995	Mileage
90 sx at 395	

FLOAT EQUIPMENT

10 sx at 40 with wood plug	Guide Shoe
30 sx Rat	Centralizer
15 sx Mouse	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	1 wood Plug
	Pumptrk Charge Plug
	Mileage 14

	Tax
	Discount
	Total Charge

X Signature Alan Loftis

