

**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

## 1169620

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 Twp S. R East West Feet from North / South Line of Section						
Address 2:										
City: State: Zip: +				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 #: 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				Date Well	Completed:					
				No The plugging proposal was approved on:						
							Depth to Top: Bottom: T.D			
							Depth to	o Top: Botto	m:T.D	
Show depth and thickness of	all water, oil and gas forma	ations.								
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were u				•		ds used in introducing it into the hole. If				
Plugging Contractor License #:			Name: _	me:						
Address 1:			Address 2	2:						
City:				State:		Zip:+				
Phone: ( )										
Name of Party Responsible for	or Plugging Fees:									
State of County,				_ , SS.						
(Drint Name)				_ Em	ployee 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 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

lo. 4982

Finish On Location Range County State Sec. Twp. 19 Date Well No. Location Lease Contractor Owner To Quality Oilwell Cementing, Inc. Type Job You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. T.D. Hole Size Charge Depth Csg. Depth Tbg. Size Street Depth Tool City State Shoe Joint The above was done to satisfaction and supervision of owner agent or contractor Cement Left in Csg Cement Amount Ordered Displace Meas Line EQUIPMENT Cementer No. Common Pumptrk Helper Driver No. Bulktrk Poz. Mix Driver No. Driver Gel. Driver **JOB SERVICES & REMARKS** Calcium 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 Sand Handling Mileage FLOAT EQUIPMENT Guide Shoe Centralizer Baskets **AFU Inserts** Float Shoe Latch Down Pumptrk Charge Mileage Tax Discount Signature Total Charge