



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

KANSAS CORPORATION COMMISSION 1172728
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. 7491

Date	Sec.	Twp.	Range	County	State	On Location	Finish	
12-9-13				ROCKS	KS		12-4-50	
Lease				Well No.	Owner			
Contractor				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.				
Hole Size		T.D.		Charge To				
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				
Meas Line		Displace		Common				
EQUIPMENT				Common				
Pumptrk	No.	Cementer		Poz. Mix				
Bulktrk	No.	Driver		Gel.				
Bulktrk	No.	Driver		Calcium				
JOB SERVICES & REMARKS				Hulls				
Remarks:				Salt				
Rat Hole				Flowseal				
Mouse Hole				Kol-Seal				
Centralizers				Mud CLR 48				
Baskets				CFL-117 or CD110 CAF 38				
D/V or Port Collar				Sand				
Handling				Handling				
Mileage				Mileage				
FLOAT EQUIPMENT				Guide Shoe				
Centralizer				Centralizer				
Baskets				Baskets				
AFU Inserts				AFU Inserts				
Float Shoe				Float Shoe				
Latch Down				Latch Down				
Pumptrk Charge				Pumptrk Charge				
Mileage				Mileage				
Tax				Tax				
Discount				Discount				
Signature				Total Charge				

