



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

KANSAS CORPORATION COMMISSION 1173863
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

No. 3686

785-483-2025
85-324-1041

Home Office P.O. Box 32 Russell, KS 67665

| | | | | | | | | | | | | | | | |
|-------|----------|------|----------|------|----|------------------------------------|----|--------|-------|-------|----|-------------|--|--------|---------|
| Date | 5-19-10 | Sec. | 5 | Twp. | 29 | Range | 14 | County | PRATT | State | KS | On Location | | Finish | 4:15 AM |
| Lease | EUBANK'S | | Well No. | 1-5 | | Location PRATT SW 85 3W 1/8 NE 1/4 | | | | | | | | | |

| | | | |
|---------------------|------------|------------|--|
| Contractor | STERLING 4 | Owner | 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 | PTA | Charge To | CAPTIVA |
| Hole Size | 7 3/4 | T.D. | 4998 |
| Csg. | 4 1/2 | Depth | |
| Tbg. Size | | Depth | |
| Tool | | Depth | |
| Cement Left in Csg. | | Shoe Joint | |
| Meas Line | | Displace | |

| EQUIPMENT | | | | CEMENT | |
|-----------|----|-----|---------------|----------------|---------------------------------|
| Pumptrk | 5 | No. | Cement Helper | Amount Ordered | 265 60/40 4% GEL 1/4 cellofibre |
| Bulktrk | 4 | No. | Driver | Common | 159 @ |
| Bulktrk | PA | No. | Driver | Poz. Mix | 106 @ |
| | | | Driver | Gel. | 9 @ |

JOB SERVICES & REMARKS

Remarks:

1st Plug 50 SKS 60/40 4% GEL
1/4 cellofibre @ 4996'

2nd Plug 50 SKS 60/40 4% GEL
1/4 cellofibre @ 900'

3rd Plug 75 ~~SKS~~ 60/40 4% GEL
1/4 cellofibre @ 330'

4th Plug 40 SKS 60/40 4% GEL
1/4 cellofibre @ 60'

RAT HOLE 30 SKS 60/40 4% 1/4 cellofibre

MOUSE HOLE 70 SKS 60/40 4% 1/4 cellofibre

Thank You
TODD + DARRIN
PLEASE CALL AGAIN

| | | | | | |
|-----------|----------------|----------------|-----|--------------|--|
| Signature | Terry S. Saloy | Pumptrk Charge | PTA | Tax | |
| | | Mileage | 16 | Discount | |
| | | | | Total Charge | |

Pratt