



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

KANSAS CORPORATION COMMISSION 1174531
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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. 5013

Date	10-12-11	Sec.		Twp.		Range		County	Graham	State	Kansas	On Location		Finish	1:25pm	
Lease	Teal	Well No.	1		Location		Bill City MW 20 End									
Contractor									Owner							
Type Job	Plg									To Quality Oilwell Cementing, Inc.						
Hole Size									You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Csg.	4 1/2	Depth		T.D.		Charge To		Black Diamond Oil								
Tbg. Size	Depth		Street													
Tool	Depth		City		State											
Cement Left in Csg.	Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.													
Meas Line	Displace		Cement Amount Ordered		30 20110 486-1											
EQUIPMENT													300 Halls on side			
Pumptrk	No. 5	Cementer			Common											
		Helper	Frank													
Bulktrk	No. 2	Driver	Craig		Poz. Mix											
		Driver	Craig													
Bulktrk	No. 1	Driver	Craig		Gel.											
		Driver	Craig													
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			
Mud 270 size w/ 300 Halls down													Handling			
4 1/2 casing													Mileage			
													FLOAT EQUIPMENT			
Shut in @ 400psi													Guide Shoe			
													Centralizer			
Backside was full													Baskets			
													AFU Inserts			
													Float Shoe			
* Head 270 size w/ 3 Halls													Latch Down			
													Pumptrk Charge			
													Mileage			
													Tax			
													Discount			
X Signature <i>Randy J. Ben</i>													Total Charge			