



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

KANSAS CORPORATION COMMISSION 1180338
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. 7296

Date	8-26-13	Sec.		Twp.		Range		County	Russell	State	KS	On Location		Finish	11:30 AM
								Location	17 th + 15 th Street 1/4 W N into						

Lease	Harman	Well No.	SWD	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.
Contractor	Ace			Charge To	Yost Oil
Type Job	Old Plug	T.D.		Street	
Hole Size	5 1/2	Depth		City	
Csg.	5 1/2	Depth	700'	State	
Tbg. Size	2 7/8	Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tool		Shoe Joint		Cement Amount Ordered	250 6 3/4 4 1/2 Gal
Cement Left in Csg.					
Meas Line		Displace		Used	240

EQUIPMENT				Common
Pumptrk	15	No.	Cementor Helper	144
			Helper	Nick
Bulktrk	14	No.	Driver	Poz. Mix 96
			Driver	Lonnie M
Bulktrk	PU	No.	Driver	Gel. 8
			Driver	Brett
				Calcium

JOB SERVICES & REMARKS		Hulls
Remarks:	Harman SWD	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 258
		Mileage

JOB SERVICES & REMARKS		FLOAT EQUIPMENT
Loaded hole w/ 15 bbl H ₂ O		Guide Shoe
Mixed 200 sx down 2 7/8 tubing		Centralizer
Circulated out 5 1/2 + 4 5/8		Baskets
Pulled tubing + 5 1/2 casing		AFU Inserts
Topped off hole w/ 40 sx		Float Shoe
KCC Ray		Latch Down
		Pumptrk Charge plug
		Mileage 6
		Tax
		Discount
		Total Charge

X Signature *[Signature]*