



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

KANSAS CORPORATION COMMISSION 1183470
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. 5230

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

Phone 785-483-2025
Cell 785-324-1041

Date	10/19/11	Sec.	15	Twp.	16	Range	15	County	Barton	State	KS	On Location		Finish	12:00 PM
Lease	Funk	Well No.	1			Location Galatia, 2N, 34W, S into									
Contractor	Southwind Drilling Rig #2											Owner	To Quality Oilwell Cementing, Inc.		
Type Job	PTA											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	7 7/8"											T.D.	3505'		
Csg.												Depth			
Tbg. Size												Depth			
Tool												Depth			
Cement Left in Csg.												Shoe Joint			
Meas Line												Displace			
The above was done to satisfaction and supervision of owner agent or contractor.													Cement Amount Ordered	205x 60/40 4 1/2 gel # Hdx	

EQUIPMENT

Pumptrk	7	No.	Cement Helper	Paul	Common
Bulktrk	3	No.	Driver	Matt	Poz. Mix
Bulktrk	AV	No.	Driver	Doug	Gel.

JOB SERVICES & REMARKS

Remarks:

Rat Hole	305x
Mouse Hole	155x
Centralizers	
Baskets	
D/V or Port Collar	
	3453' - 255x
	1020' - 255x
	500' - 1005x
	40' - 105x

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	3 5/4"
Baskets	
AFU Inserts	Dry Hole Plug
Float Shoe	
Latch Down	
Pumptrk Charge	
Mileage	

Thank You!!

X Signature

William Anderson

KCC WICHITA

DEC 30 2013

RECEIVED

Tax
Discount
Total Charge