

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1183494

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.

(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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

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

No. 7422

785-324-1041

Date 7-18-12	Sec.	Twp.	Range	County Trego	State KS	On Location	Finish 11:30 AM
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Location Cedar Bluff, 35, 1 1/2 E, N 2			
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Lease Halbleib	Well No. 1	Owner
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Contractor	To Quality Oilwell Cementing, Inc.
Type Job Plug	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 Jason oil
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Csg. 8 1/2 4 1/2	Depth	Street
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Tbg. Size	Depth	City State
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Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
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Cement Left in Csg.	Shoe Joint	Cement Amount Ordered 225 60/40 4% gel
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Meas Line	Displace	500# Hulls
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EQUIPMENT		Common
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Pumptrk 16	No. Cementer	60
	Helper Lonnie W	Poz. Mix 40

Bulktrk 8	No. Driver	Gel. 4
	Driver Lonnie M	Calcium

Bulktrk PU	No. Driver	
	Driver Travis	

JOB SERVICES & REMARKS		Hulls 300#
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Remarks:	Salt
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Rat Hole	Flowseal
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Mouse Hole	Kol-Seal
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Centralizers	Mud CLR 48
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Baskets	CFL-117 or CD110 CAF 38
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D/V or Port Collar	Sand
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plugged 5 1/2 csg with 1005x and 300# Hulls	Handling 225
	Mileage

FLOAT EQUIPMENT	
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Guide Shoe	
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Centralizer	
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Baskets	
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AFU Inserts	
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Float Shoe	
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Latch Down	
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Pumptrk Charge plug	
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Mileage 1/4	
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Tax	
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Discount	
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Total Charge	
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X Signature	
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