



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

KANSAS CORPORATION COMMISSION 1203471
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. 055

Date	Sec.	Twp.	Range	County	State	On Location	Finish
4-25-14	35	21	16	Pawnee	Ks		2:00 pm

Location Larned - 5th K-19, 2E + 90th Ave.

Lease Viola Well No. 1-35 Owner 1 1/2 N

Contractor Sterling #5
Type Job Surface
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.

Hole Size 12 1/4" T.D. 990' Charge To Shelby Resources

Csg. 8 5/8" Depth 985' Street

Tbg. Size Depth City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. 4220' Shoe Joint 42,20' Cement Amount Ordered 450 60140 38cc 2% Gel 1/4 Flt

Meas Line Displace 60 Bls

EQUIPMENT

Pumptrk <u>16</u> No. <u>1</u> Cementer <u>Billy</u> Helper <u>Billy</u> Common <u>270</u>	Bulktrk <u>19</u> No. <u>1</u> Driver <u>Lonnie</u> Driver <u>M</u> Poz. Mix <u>180</u>	Bulktrk <u>pu</u> No. <u>1</u> Driver <u>Rick</u> Driver <u>Rick</u> Gel. <u>9</u>	Calcium <u>17</u>
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JOB SERVICES & REMARKS

Remarks: Cement did Circulate. Halls

Rat Hole Flowseal 225# Salt

Mouse Hole Kol-Seal

Centralizers Mud CLR 48

Baskets CFL-117 or CD110 CAF 38

D/V or Port Collar Sand

Handling 476

Mileage

FLOAT EQUIPMENT

Guide Shoe 1 slip on

Centralizer 1 Baffle plate

Baskets 1 Rubber plug

AFU Inserts

Float Shoe

Latch Down

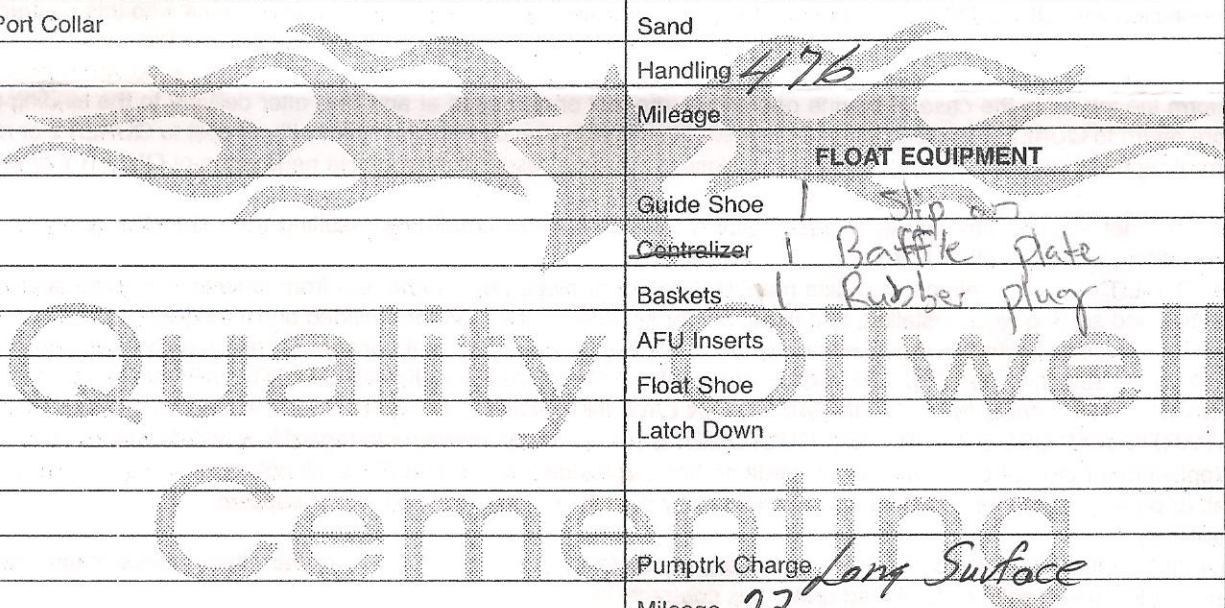
Pumptrk Charge Long Surface

Mileage 23

Tax

Discount

Signature Alan Loftis Total Charge



Customer Shelby Resources LLC	Lease No.	Date 4-30-14
Lease VIOLA	Well # 1-35	
Field Order # 10454	Station Pratt	Casing
	Depth 3948	County Pawnee
Type Job ENCL Plug to Abandon	Formation	State KS
		Legal Description 35-21-16

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid CAT 220 SKS	RATE 60/40 POZ	PRESS 490 PSI	ISIP	
Depth 3948	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection D.P.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 3948	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative Allen	Station Manager Kevin Goidley	Treater Mike Mattai
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Service Units	37586	27463	19860	21010				
Driver Names	MATTAI	eggins	ERNST					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:35					ON LOCATION; SAFETY MEETING
					1st Plug 3948'
6:20	400		22	4	Pump 22 Bbl H2O
6:26	400		12.5	4	Mix 50 SKS 60/40 POZ
6:30	400		8	4	Pump 8 Bbl H2O
6:32	400		48	4	Pump 48 Bbl mud
					2nd Plug 1020'
8:25	200		11	4	Pump 11 Bbl H2O
8:26	200		12.5	4	Mix 50 SKS 60/40 POZ
8:31	200		4	4	Pump 4 Bbl H2O
8:33	200		14	4	Pump 14 Bbl mud
					3rd Plug 270'
10:01	200		5	3	Pump 3 Bbl H2O
10:02	200		12.5	3	Mix 50 SKS 60/40 POZ
10:00	200		1	3	Pump 1 Bbl H2O CMT TO SURFACE
					4th Plug 60'
11:12	100		5	2	Mix 20 SKS 60/40 POZ
					CMT TO SURFACE
11:30	100		7.5	2	Plug RAT + mouse hole
					JOB COMPLETE
					THANK YOU!
					MIKE MATTAI