



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

KANSAS CORPORATION COMMISSION 1210642
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.

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

Federal Tax I.D.# 20-2886107

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

No. 224

Date 5-9-14	Sec.	Twp.	Range	County Gove	State KS	On Location	Finish 11:30 AM
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Lease **Ottley** Well No. **#3** Location **Gove S 40 Rd, 2W, S2**

Contractor _____ 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.

Type Job **Plug** Charge To **Charter Energy**

Hole Size _____ T.D. _____ Street _____
Csg. **5 1/2** Depth _____ City _____ State _____
Tbg. Size _____ Depth _____

Tool _____ Depth _____
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 **475 60/40, 4% gel**
500# Hulls, 14 gel on the side used 290

EQUIPMENT

Pumptrk 17	No.	Cementer Helper Lonnie W.
Bulktrk 19	No.	Driver Ryan
Bulktrk P4	No.	Driver Travis

Common 124
Poz. Mix 116
Gel. 22
Calcium

JOB SERVICES & REMARKS

Remarks: _____
Rat Hole _____
Mouse Hole _____
Centralizers _____
Baskets _____
D/V or Port Collar _____
Mixed 100sx with 300# Hulls followed by 12 gel and 190 sx and 100# Hulls shut in with 500psi

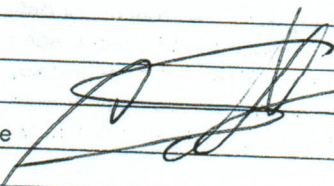
Hulls 400 # 8
Salt
Flowseal
Kol-Seal
Mud CLR 48
CFL-117 or CD110 CAF 38
Sand
Handling 475
Mileage

FLOAT EQUIPMENT

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down

Pumptrk Charge **plug**
Mileage **40**

X Signature



Tax
Discount
Total Charge

