



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

KANSAS CORPORATION COMMISSION 1228260
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

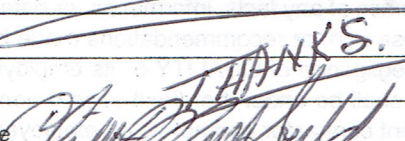
QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

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

No. 146

Date	6-24-14	Sec.	19	Twp.	11	Range	19	County	ELLIS	State	KANSAS	On Location		Finish	10:00 PM
Lease	Kohl			Well No.	2-19			Owner	Hays Yocemento T-20 Exit 5N 2W 4 1/2 N Y 2 W 1/2 N INTO						
Contractor	Discovery DRWG. Rig #1 "CLIFF"							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	Cement Surface														
Hole Size	12 1/4		T.D.	221											
Csg.	8 5/8 New		Depth	221											
Tbg. Size	2 3/8		Depth												
Tool			Depth												
Cement Left in Csg.	15'		Shoe Joint	15 FT											
Meas Line			Displace	13 ¹⁰ BBL											
EQUIPMENT				Common 150											
Pumptrk	18	No.	Cementer	Glenn G.											
			Helper	Cody B.											
Bulktrk	14	No.	Driver	Clayton B.											
			Driver	Lonnie M.											
Bulktrk		No.	Driver												
			Driver												
JOB SERVICES & REMARKS				Hulls											
Remarks:															
Rat Hole	Salt														
Mouse Hole	Flowseal														
Centralizers	Kol-Seal														
Baskets	Mud CLR 48														
D/V or Port Collar	CFL-117 or CD110 CAF 38														
	Sand														
	Handling 158														
	Mileage														
				FLOAT EQUIPMENT											
	Guide Shoe														
	Centralizer														
	Baskets														
	AFU Inserts														
	Float Shoe														
	Latch Down														
	Pumptrk Charge Surface														
	Mileage 17														
													Tax		
													Discount		
													Total Charge		
X Signature	<p>THANKS.</p> 														

RAN 5 NEW JOINTS OF 23# 8 5/8 CSG.
SET @ 221, RECEIVED CIRCULATION
CEMENT W/ 150 SX COM. 2+3
DISPLACED 13 /BBL H₂O
SHUT IN @ 250#.

CEMENT DID CIRCULATE TO SURFACE!

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. 306

Date	7-1-14	Sec.	19	Twp.	11	Range	19	County	Ellis	State	KS	On Location	10:00AM	Finish	2:00PM
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Lease Kohl Well No. 3-19 Location Yocemento N to Buckeye RD
Owner W to 170 4 1/2 N Winto

Contractor Discovey 4
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
Hole Size 7 7/8 T.D. 3770 Charge To American Oil

Csg. Pill pipe Depth _____ 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. _____ Shoe Joint _____ Cement Amount Ordered 305 60/40

Meas Line _____ Displace Ugozel Yu Flow

EQUIPMENT

Pumptrk <u>20</u> No. _____	Cementer Helper <u>Matt</u>	Common <u>183</u>
Bulktrk <u>4</u> No. _____	Driver <u>Mike</u>	Poz. Mix <u>122</u>
Bulktrk <u>04</u> No. _____	Driver <u>Chad</u>	Gel. <u>11</u>
		Calcium _____

JOB SERVICES & REMARKS

Remarks: _____ Hulls _____

Rat Hole 30 SKS Flowseal 76#

Mouse Hole 15 SKS Kol-Seal _____

Centralizers _____ Mud CLR 48 _____

Baskets _____ CFL-117 or CD110 CAF 38 _____

D/V or Port Collar _____ Sand _____

1st 3720 50 SKS Handling 316

2nd 1475 50 SKS Mileage 8 1/2 **FLOAT EQUIPMENT**

3rd 740 100 SKS Guide Shoe _____

4th 340 50 SKS Centralizer _____

5th 40 10 SKS Baskets _____

AFU Inserts _____

Float Shoe _____

Latch Down _____

Wood Plug

Pumptrk Charge _____

Mileage 17

Signature [Signature] Tax _____ Discount _____ Total Charge _____