



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

KANSAS CORPORATION COMMISSION 1234789
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. 6308

Date	11-23-14	Sec.	21	Twp.	18	Range	14	County	Barton	State	KS	On Location		Finish	3:00 PM
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Location *Boyd sto curve 1w 1s winto*

Lease	<i>Collene unit</i>	Well No.	<i>1-21</i>	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.
Contractor	<i>Sterling</i>	Type Job	<i>Surface</i>	Charge To	<i>Shelby Resources</i>
Hole Size	<i>12 1/4</i>	T.D.	<i>895</i>	Street	
Csg.	<i>8 5/8</i>	Depth	<i>890</i>	City	
Tbg. Size		Depth		State	
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.	<i>22.71</i>	Shoe Joint	<i>22.71</i>	Cement Amount Ordered	<i>375 sl 6 1/4 3% cc 2% gel</i>
Meas Line		Displace	<i>55 bls</i>		

EQUIPMENT

Pumptrk	<i>20</i>	No.		Cementer	<i>Billy</i>	Common	<i>225</i>
				Helper		Poz. Mix	<i>150</i>
Bulktrk	<i>4</i>	No.		Driver	<i>Nick</i>	Gel.	<i>7</i>
				Driver		Calcium	<i>15</i>
Bulktrk	<i>Pu</i>	No.		Driver	<i>Doug</i>	Hulls	

JOB SERVICES & REMARKS

Remarks:	<i>Cement Did circulate</i>	Salt	
Rat Hole		Flowseal	
Mouse Hole		Kol-Seal	
Centralizers		Mud CLR 48	
Baskets		CFL-117 or CD110 CAF 38	
D/V or Port Collar		Sand	
		Handling	<i>397</i>
		Mileage	

FLOAT EQUIPMENT

Guide Shoe	<i>1</i>
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
	<i>Baffle plate Rubber plug</i>
Pumptrk Charge	<i>Long Surface</i>
Mileage	<i>13</i>

Signature	<i>Alan Loftis</i>	Tax	
		Discount	
		Total Charge	

Customer <i>Shelby Resources, LLC</i>	Lease No.	Date <i>11-27-2014</i>	
Lease <i>Collene Unit</i>	Well # <i>1-21</i>		
Field Order # <i>11445</i>	Station <i>Pratt, KS</i>	Casing <i>4 1/2 DP</i>	Depth <i>3445</i>
Type Job <i>CNW/PTA</i>	Formation	County <i>Barton</i>	State <i>KS</i>
		Legal Description <i>21-185-194</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>4 1/2 DP</i>	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>3445</i>	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	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative <i>Alsn</i>	Station Manager <i>Kevin Gordley</i>	Treater <i>Darin Franklin</i>
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Service Units	<i>27263</i>	<i>84981</i>	<i>19843</i>	<i>19959</i>	<i>73768</i>				
Driver Names	<i>Darin</i>	<i>Ed</i>	<i>Ed</i>	<i>McGrew</i>	<i>McGrew</i>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:30</i>					<i>on location / safety meeting</i>
					<i>1st plus - 3445</i>
					<i>loss here</i>
<i>1:00pm</i>	<i>300</i>		<i>12</i>	<i>5</i>	<i>mix 50 SK</i>
	<i>300</i>		<i>46</i>	<i>5</i>	<i>Displace mud</i>
					<i>2nd plus - 950</i>
					<i>loss here</i>
	<i>300</i>		<i>12</i>	<i>5</i>	<i>MIX 50 SK</i>
	<i>300</i>		<i>10</i>	<i>5</i>	<i>Displace mud</i>
					<i>3rd plus - 350</i>
					<i>loss here</i>
	<i>200</i>		<i>20</i>	<i>5</i>	<i>MIX 50 SK</i>
	<i>200</i>		<i>1</i>	<i>5</i>	<i>Displace mud</i>
					<i>4th plus - 40</i>
	<i>100</i>		<i>2 1/2</i>	<i>3</i>	<i>MIX 10 SK</i>
	<i>100</i>		<i>7</i>	<i>3</i>	<i>Res here - 30 SK</i>
	<i>100</i>		<i>31</i>	<i>3</i>	<i>Mud here - 15 SK</i>
<i>4:15pm</i>					<i>Job complete / Darin & crew</i>
					<i>Thank you!!!</i>