



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

KANSAS CORPORATION COMMISSION 1236498
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

No. 1369

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

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

Date	Sec.	Twp.	Range	County	State	On Location	Finish
12-19-14	33	9	23	Graham	KS		2:00 PM
Location				Wakeeney N to G Rd, 1/2 W, N 2			

Lease	Well No.	Owner	
Rice Estate	2	To Quality Oilwell Cementing, Inc.	
Contractor		You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Express			
Type Job		Charge To	
Plug		Check Oil	
Hole Size	T.D.	Street	
Csg.	Depth	City	
4 1/2		State	
Tbg. Size	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
2		Cement Amount Ordered	
Tool	Depth	425 # 40, 4 % gel, 1/4 Flo	
Cement Left in Csg.	Shoe Joint	1500 # Halls	
Meas Line	Displace	Common	

EQUIPMENT

Pumptrk	No.	Cement	
17		Helper	Lonnie W
Bulktrk	No.	Driver	Tyson
21		Driver	Travis

JOB SERVICES & REMARKS

Remarks:
Rat Hole
Mouse Hole
Centralizers
Baskets
DV or Port Collar
150 sx and 300 # Halls at 3500
125 sx and 200 # Halls at 1700 to create
45 sx to top off surface

FLOAT EQUIPMENT

- Guide Shoe
- Centralizer
- Baskets
- AFU Inserts
- Float Shoe
- Latch Down

Pumptrk Charge
Mileage

Tax
Discount
Total Charge

X Signature *Benny Wilson*

