



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

KANSAS CORPORATION COMMISSION 1239662
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

American Eagle Drilling, LLC
700 S. Washington
P. O. Box 66
Plainville, KS 67663
785-434-2079

DATE: 12-6-14 TIME: _____ AM/PM

Tool Pusher Signature: [Signature]

Spud Call:
Company Representative: _____

Company Name: _____

Spud Date: 11-28-14 KCC Representative: JEN

Conductor Size: _____ inches set at _____ ft.

Surface Casing: Proposed setting depth 250 ft. Size 8 7/8 inches

Surface Casing: Minimum _____ ft. Alt I/II _____

Drilling Fluid Mgmt. _____ Normal _____ @ completion _____ salt/completion _____ Steel pits (Approved haul off pit)

Plugging:
P.O. received from: DARRYL BRAD RINDS Phone # _____

Drlg T.D. 3960 ft. Final T.D. 3962 ft. Anhydrite: T 2033 B 2070

Surface Casing: Size 8 7/8 set @ 262.56 ft. with 160 sacks of cement

Did cement circulate to surface? Yes _____ No

Did you rat hole ahead? _____ Yes _____ No

_____ Plug Arbuckle @ _____ ft. with _____ sacks of cement.

_____ Plug Hugoton/Council Grove @ _____ ft. with _____ sacks of cement.

1 Plug Anhydrite/S.P. @ 2050 ft. with 50 sacks of cement.

_____ Plug Usable Water @ ~~_____~~ ft. with ~~_____~~ sacks of cement.

2 Plug Fresh Water @ 1700 ft. with 100 sacks of cement.

3 Plug Base Surface Casing @ 320 ft. with 50 sacks of cement

4 Plug Top of Surface Casing @ 40 ft. with 10 sacks of cement. 8 7/8 WIPRI plus

_____ Circulate rat hole with 30 sacks of cement _____ Circulate mouse hole with 10 sacks of cement

Water Supply Well: _____ Yes _____ No Who will plug? _____

Cement: 60/40 POZ mix 4% gel 240 SKS 1/4 # flo seal _____ 2-3% C. C.

Technician who gave plugging orders DARRYL Date _____

Start Time: 10.30 (AM/PM) Completion Time: 1.30 AM/PM Completion Date: 12-7-14

Cement Company Name: QUALITY

Set Pipe: T.D. _____ ft. Prod. Casing size: _____ inches set at _____ ft. with _____ sacks of

cement. DV Tool/Port Collar set at _____ ft. Cemented with _____ sacks of cement. Did cement

Circulate? _____ Yes _____ No If no, why? _____

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. 900

12-7-14

Date	12-6-14	Sec.	30	Twp.	8	Range	23	County	Graham	State	Ks	On Location		Finish	1:30 AM
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Location Hill City, Ks - 5 to 1st Rd South of

Lease	Bellips	Well No.	1-30	Owner	River 4W 1/4 S, 1/2 S
Contractor	American	Eagle #3		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	Venture Resources
Hole Size	17 7/8"	T.D.	3960'	Street	
Csg.		Depth		City	State
Tbg. Size	4 1/2" D.P.	Depth	2050'	The above was done to satisfaction and supervision of owner agent or contractor.	
Tool		Depth		Cement Amount Ordered	240 60/40 4% Gel 1/4 #110
Cement Left in Csg.		Shoe Joint		Meas Line	Displace H2O/mud Seal

EQUIPMENT

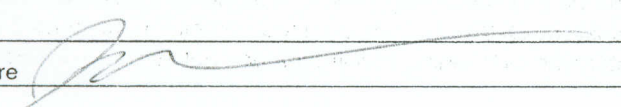
Pumptrk	17	No.	Cementer	Rick	Common	144
			Helper		Poz. Mix	96
Bulktrk	19	No.	Driver	Taylor	Gel.	9
			Driver		Calcium	
Bulktrk		No.	Driver		Hulls	

JOB SERVICES & REMARKS

Remarks:		Salt
Rat Hole	2050' - 50 SX	Flowseal 60#
Mouse Hole	1200' - 100 SX	Kol-Seal
Centralizers	320' - 50 SX	Mud CLR 48
Baskets	40' - 10 SX w/ plug	CFL-117 or CD110 CAF 38
D/V or Port Collar	Rathok - 30 SX	Sand
		Handling 249
		Mileage

FLOAT EQUIPMENT

		Guide Shoe
		Centralizer
		Baskets
		AFU Inserts
		Float Shoe
		Latch Down
		Dry hok plug
		Pumptrk Charge plug
		Mileage 33

X Signature 

Tax
Discount
Total Charge

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. 1356

Date 11-28-14	Sec. 30	Twp. 8	Range 23	County Graham	State KS	On Location	Finish 10:15PM
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Location **Hill City Sto Oterr Rd, 4W, 1/2 S, Wn 2**

Lease **Billips** Well No. **1-30** Owner

Contractor **American** **Eagle #3** To Quality Oilwell Cementing, Inc.
Type Job **Surface** * 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. **265** Charge To **Venture**

Csg. **8 5/8** Depth **262** 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 **20** Cement Amount Ordered **160 sxc com, 3% CC, 2% gel**

Meas Line Displace **15661**

EQUIPMENT

Pumptrk 17 No. Cementer Lonnie w.	Common 160
Bulktrk 19 No. Driver Chad	Poz. Mix
Bulktrk Pu No. Driver Travis	Gel. 3
	Calcium 5

JOB SERVICES & REMARKS

Remarks: cement did circulate	Hulls
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 168
	Mileage

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Pumptrk Charge **Surface**
Mileage **33**

Tax	
Discount	
Total Charge	

X Signature 