



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

KANSAS CORPORATION COMMISSION 1241313
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

1119

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

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

No.

Date	1-16-15	Sec.	3	Twp.	17	Range	20	County	Books	State	Ks	On Location	6:00pm
Lease	Location <u>Dumas, Ks - N to 24 Hwy 30 to stop sign</u>												
Contractor	Owner <u>IE 40 to 6 Rd, IE, 1/4 S, E 1/4</u>												
Type Job	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.												
Hole Size	Charge <u>H+C oil operations</u>												
Csg.	Street												
Tbg. Size	City												
Tool	State												
Cement Left in Csg.	The above was done to satisfaction and supervision of owner agent or contractor.												
Meas Line	Cement Amount Ordered <u>400 60140 496 Gal</u>												
Pumptrk	No.	Cementer	500 # Hulls used 360										
Bulktrk	No.	Helper	Common 216										
Bulktrk	No.	Driver	Poz. Mix 144										
Bulktrk	No.	Driver	Gel.										
Bulktrk	No.	Driver	Calcium										
Bulktrk	No.	Driver	Hulls 500 # (10)										
Bulktrk	No.	Driver	Salt										
JOB SERVICES & REMARKS													
Remarks:	3273' - 180 sv Cement												
Rat Hole	3273' - 180 sv Cement												
Mouse Hole	250 # Hulls @ 3273'												
Centralizers	1800' - mix 180 sv 250 #												
Baskets	Hulls used 360												
D/V or Port Collar	tubing stuck @												
	1800'												
	Rigged down												
	FLOAT EQUIPMENT												
	Guide Shoe												
	Centralizer												
	Baskets												
	AFU Inserts												
	Float Shoe												
	Latch Down												
	Pumptrk Charge <u>plwy 2nd well</u>												
	Mileage <u>59</u>												
	Tax												
	Discount												
	Total Charge												

X Signature Bob Plank

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

No. 909

Date	1-19-15	Sec.	3	Twp.	7	Range	20	County	Rooks	State	KS	On Location	4:30 PM	Finish	4:30 PM
Location <i>Dumarc IV to 24 HWY 3N / E 3N / E 45</i>															
Well No. # <i>6</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.															
Lease	Walter														
Contractor															
Type Job	<i>P1₂₅₉</i>														
Hole Size	<i>5 1/2</i>														
Csg.	<i>2 1/2</i>														
Tbg. Size	<i>2 1/2</i>														
Tool															
Cement Left in Csg.															
Meas Line															
EQUIPMENT															
Pumptirk	No.	<i>30</i>	Cementer												
			Helper	<i>David</i>											
Bulktrk	No.	<i>0</i>	Driver	<i>Chad</i>											
Bulktrk	No.	<i>P1</i>	Driver	<i>Bret</i>											
JOB SERVICES & REMARKS															
Remarks:															
Rat Hole															
Mouse Hole															
Centralizers															
Baskets															
DV or Port Collar															
<i>Circulate cement @ 320 w/ 50</i>															
<i>Mix 5 gal in 4 3/4</i>															
FLOAT EQUIPMENT															
Guide Shoe															
Centralizer															
Baskets															
AFU Inserts															
Float Shoe															
Latch Down															
Pumptirk Charge	<i>plug</i>														
Mileage	<i>60</i>														
Tax															
Discount															
Total Charge															

X Signature *Bob Hank*