



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

KANSAS CORPORATION COMMISSION 1254497
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

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

No. 1242

Cell 785-324-1041

Date	5-4-15	Sec.	Twp.	Range	County	State	On Location	Finish
					Norton	KS		1:45 pm
					Location Logan Co E12R20 B140			
Lease	Ueen			Well No. 1	Owner			
Contractor	LP Tools			To Quality Oilwell Cementing, Inc.				
Type Job	P.T.A			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	T.D.			Charge To	Black Diamond			
Csg.	4 1/2			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 300 600/40 41.6EL 400# Hulls				
Meas Line	Displace			USED - 180SK 2gls x 400# Hulls				7gls
EQUIPMENT				Common 108				
Pumptrk 20	No.	Cement Helper		Poz. Mix	72			
Bulktrk	No.	Driver		Gel.	13			
Bulktrk 21	No.	Driver		Calcium	,			
JOB SERVICES & REMARKS				Hulls 8				
Remarks:	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							
50SK 300# Hulls	Handling 300							
7gls	Mileage							
130SK 100# Hulls	FLOAT EQUIPMENT							
Shut-in 400#	Guide Shoe							
	Centralizer							
	Baskets							
	AFU Inserts							
	Float Shoe							
	Latch Down							
	Pumptrk Charge plug							
	Mileage 52							
	Tax							
	Discount							
	Total Charge							
X Signature								