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

## **KANSAS CORPORATION COMMISSION**

**OIL & GAS CONSERVATION DIVISION** 

1268431

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## WELL PLUGGING RECORD K.A.R. 82-3-117

| OPERATOR: License #:                                                                                                                                                                                                                                                                                                                                    | API No. 15                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name:                                                                                                                                                                                                                                                                                                                                                   | Spot Description:                                                                                                                                                                                |
| Address 1:                                                                                                                                                                                                                                                                                                                                              | Sec Twp S. R East West                                                                                                                                                                           |
| Address 2:                                                                                                                                                                                                                                                                                                                                              | Feet from North / South Line of Section                                                                                                                                                          |
| City: State: Zip: +                                                                                                                                                                                                                                                                                                                                     | Feet from East / West Line of Section                                                                                                                                                            |
| Contact Person:                                                                                                                                                                                                                                                                                                                                         | Footages Calculated from Nearest Outside Section Corner:                                                                                                                                         |
| Phone: ( )                                                                                                                                                                                                                                                                                                                                              | NE NW SE SW                                                                                                                                                                                      |
| Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  SWD Permit #:  SWD Permit #:    ENHR Permit #:  Gas Storage Permit #:  Gas Storage Permit #:  No    Is ACO-1 filed?  Yes  No  If not, is well log attached?  Yes  No    Producing Formation(s): List All (If needed attach another sheet) | County: Well #:<br>Lease Name: Well #:<br>Date Well Completed:<br>The plugging proposal was approved on: (Date)<br>by: (KCC District Agent's Name)<br>Plugging Commenced:<br>Plugging Completed: |
| Depth to Top: Bottom: T.D                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                  |

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 Plugg    | ing Fees:                          |                                                     |                         |                        |
| State of                               | County,                            | , SS.                                               |                         |                        |
|                                        | (Print Name)                       | Employee of Operator                                | or Operator on a        | bove-described well,   |
| boing first duly sworp on oath save: T | That I have knowledge of the facts | statements and matters herein contained and the log | a of the above-describe | d well is as filed and |

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

## QUALITY OILWELL CEMENTING, INC. Federal Tax 1.D.# 20-2886107

Federal Tax I.D.# 20-2886107 Home Office P.O. Box 32 Russell, KS 67665

No. 1045

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

| 0011700-024-1041          | 1000 No. 100 - 100 - 100 |                           | 100                                                                                                    | STR. CONTRACTOR  | 1                          |                           |            | 10 million (12) |  |
|---------------------------|--------------------------|---------------------------|--------------------------------------------------------------------------------------------------------|------------------|----------------------------|---------------------------|------------|-----------------|--|
| Sec                       |                          | Range                     | 1 -                                                                                                    | County           | State                      | On Location               | A          | inish           |  |
| Date 9-30-15 4            | 14                       | 11                        | R                                                                                                      | 35e11            | KS                         |                           | 2.30       | OPM             |  |
|                           |                          |                           | Locati                                                                                                 | on Dorra         | nce IN 2                   | ZE                        |            |                 |  |
| Lease Curtiss Well No. #1 |                          |                           | Owner                                                                                                  |                  |                            |                           |            |                 |  |
| Contractor Southwind #3   |                          |                           | To Quality Oilwell Cementing, Inc.<br>You are hereby requested to rent cementing equipment and furnish |                  |                            |                           |            |                 |  |
| Type Job Plug             |                          |                           |                                                                                                        | cementer an      | d helper to assist own     | er or contractor to o     | to work a  | as listed.      |  |
| Hole Size 7 78            | T.D.                     | 3270                      | and the second                                                                                         | Charge Jasen 0:1 |                            |                           |            |                 |  |
| Csg. Drill Pipe           | Depth                    | Construction of the other |                                                                                                        | Street           | WEAT THE AND A CONTRACT OF | 19 <u></u>                |            |                 |  |
| Tbg. Size                 | Depth                    |                           |                                                                                                        | City             |                            | State                     |            |                 |  |
| Tool                      | Depth                    | 1                         |                                                                                                        | The above wa     | s done to satisfaction an  | d supervision of owne     |            | r contractor    |  |
| Cement Left in Csg.       | Shoe                     | Joint                     |                                                                                                        | Cement Amo       | bunt Ordered $230$         | 60/40 40%                 | bel        | 1/4 flo         |  |
| Meas Line                 | Displa                   | сө                        |                                                                                                        |                  |                            |                           |            |                 |  |
| EQU                       | IPMENT                   |                           |                                                                                                        | Common 1         | 38                         | 5                         |            |                 |  |
| Pumptrk 18 No. Cementer * | Fravis                   |                           |                                                                                                        | Poz. Mix         | 92                         |                           |            |                 |  |
| No. Driver                | 0-29                     |                           |                                                                                                        | Gel. 🖌           |                            |                           |            | A. R. A.        |  |
| Bulktrk Py No. Driver B   | rent                     |                           | -                                                                                                      | Calcium          |                            |                           |            |                 |  |
| JOB SERVIC                |                          | ARKS                      |                                                                                                        | Hulls            | 23                         |                           |            |                 |  |
| Remarks:                  |                          |                           |                                                                                                        | Salt             |                            |                           |            |                 |  |
| Rat Hole 30 sks           |                          | ·                         |                                                                                                        | Flowseal 5       | 7#                         | - i                       |            |                 |  |
| Mouse Hole                |                          |                           |                                                                                                        | Kol-Seal         |                            |                           |            |                 |  |
| Centralizers              |                          |                           |                                                                                                        | Mud CLR 48       | 1                          |                           |            |                 |  |
| Baskets                   |                          |                           | CFL-117 or CD110 CAF 38                                                                                |                  |                            |                           |            |                 |  |
| D/V or Port Collar        | ~***~                    |                           |                                                                                                        | Sand             |                            |                           |            |                 |  |
|                           |                          |                           |                                                                                                        | Handling 2       | 30                         |                           | 0          |                 |  |
| 1st Play 10 325           | 0 .1                     | 50 35                     | b. /:                                                                                                  | Mileage          |                            | A CONTRACTOR OF THE OWNER | (1941) - I | 11/2 - 11/2     |  |
|                           |                          |                           |                                                                                                        | 8 5/8            | FLOAT EQUIPMI              | NT                        |            |                 |  |
| 2nd Plus @ 651            | 0 -1                     | 50 sx                     |                                                                                                        | Guide Shoe       | 1.000                      |                           |            |                 |  |
| 700                       |                          |                           |                                                                                                        | Centralizer      |                            | 54 - S                    |            |                 |  |
| 3rd Plun Q 400            | w/ 9                     | Osx                       |                                                                                                        | Baskets          |                            |                           |            |                 |  |
|                           |                          |                           | AFU Inserts                                                                                            | A a la m         | 5 m 1.                     |                           |            |                 |  |
| 4+6 RL 6 40 -1 10sr       |                          |                           | Float Shoe                                                                                             | 7 E E N/N        | a the second of            |                           |            |                 |  |
| - the stand of the second |                          |                           | ð.                                                                                                     | Latch Down       | * * * *                    |                           |            |                 |  |
|                           |                          |                           |                                                                                                        | Wood Plum In     |                            |                           |            |                 |  |
|                           |                          | 5 D. D. M.                | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1                                                               |                  | and the second of          | 2° Ya                     |            |                 |  |
|                           | 1 K.                     | 19 E E                    |                                                                                                        | Pumptrk Cha      | argemling                  | 5                         |            |                 |  |
|                           |                          |                           |                                                                                                        | Mileage 1        |                            | and the                   |            |                 |  |
|                           | 1                        |                           |                                                                                                        | × t              | V                          | Ta:                       | ĸ          |                 |  |
| A                         |                          |                           |                                                                                                        |                  |                            | Discoun                   | it         | 1               |  |
| Signature Quy 10          | uir                      |                           | -                                                                                                      |                  |                            | Total Charge              | e          | U1112-20-20     |  |
| Signature grug Jeb        | NO V                     |                           |                                                                                                        | 1                |                            |                           | -          |                 |  |