

**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

1272767

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.

\_\_\_\_\_  
(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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  
Cell 785-324-1041

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

No. 1857

Date <u>11-10-15</u>	Sec.	Twp.	Range	County <u>Leane</u>	State <u>KS</u>	On Location	Finish <u>2:00 PM</u>
				Location <u>HWY 4 + 23 15 SW 1/4 E 10</u>			
Lease <u>Sinider</u>		Well No.		Owner			
Contractor				To Quality Oilwell Cementing, Inc.			
Type Job <u>Plug</u>				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 <u>LD Davis</u>			
Csg. <u>4 1/2</u>		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 <u>225 6940 4% Gel 1/4 flb</u>			
Meas Line		Displace		<u>Used 195 sx 6940 4% Gel</u>			
<b>EQUIPMENT</b>							
Pumptrk <u>20</u>	No.	Cementer <u>Craig</u>		Common <u>117</u>			
Bulktrk <u>15</u>	No.	Helper <u>Nick</u>		Poz. Mix <u>78</u>			
Bulktrk <u>PU</u>	No.	Driver <u>Brett</u>		Gel. <u>7</u>			
				Calcium			
				Hulls <u>150 # (3)</u>			
				Salt			
Remarks:				Flowseal			
Rat Hole				Kol-Seal			
Mouse Hole				Mud CLR 48			
Centralizers				CFL-117 or CD110 CAF 38			
Baskets				Sand			
D/V or Port Collar				Handling <u>125</u>			
<u>Mix 30 sx w/ 150 # hulls</u>				Mileage			
<u>Pumped 20 bbl spacer</u>				<b>FLOAT EQUIPMENT</b>			
<u>Mix 150 sx pressure to 400 lbs</u>				Guide Shoe			
<u>Mix 10 sx down BS</u>				Centralizer			
<u>Top of with 5sx</u>				Baskets			
				AFU Inserts			