



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

KANSAS CORPORATION COMMISSION 1277871
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.

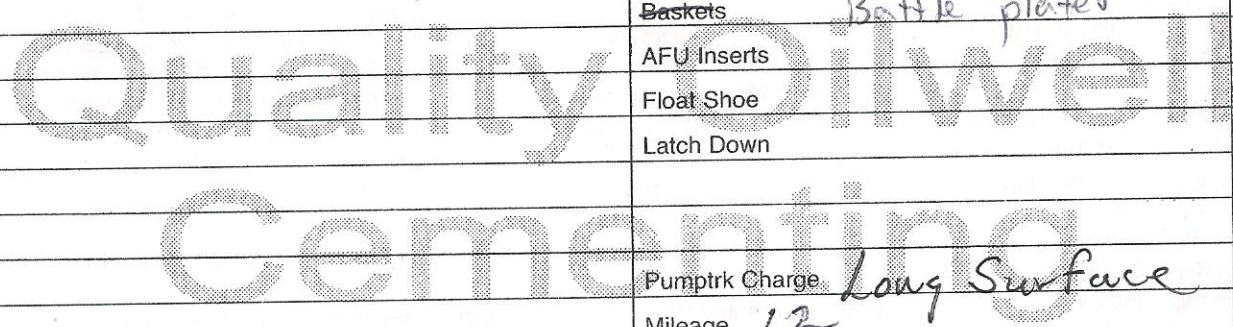
Federal Tax I.D.# 20-2886107

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

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

No. 1303

| | | | | | | | | | | | | | | | | |
|-----------------------------------|----------------------|------|------------|--|------------------|-----------------------|-----------------------------------|----------|--------------------------------------|-------|----|-------------|-------------------------|--------------|----------|--|
| Date | 12-1-15 | Sec. | 15 | Twp. | 18 | Range | 14 | County | Barton | State | Ks | On Location | | Finish | 11:45 AM | |
| Lease | L-S unit | | | | | | | Location | Boyd Elevator - 25 to 90th Rd, 1/2 W | | | | | | | |
| Well No. | 1-15 | | | Owner | Sinto | | | | | | | | | | | |
| Contractor | Sterling 4 | | | 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 | Surface | | | Charge To | Shelby Resources | | | | | | | | | | | |
| Hole Size | 12 1/4" | | T.D. | 900' | | | | | | | | | | | | |
| Csg. | 8 5/8" | | Depth | 896' | | | | | | | | | | | | |
| Tbg. Size | | | | City | 375 State | | | | | | | | | | | |
| Tool | | | | The above was done to satisfaction and supervision of owner agent or contractor. | | | | | | | | | | | | |
| Cement Left in Csg. | 38' | | Shoe Joint | 38' | | Cement Amount Ordered | 450 60/40 3% CC 2% Gel | | | | | | | | | |
| Meas Line | Displace 54 1/2 BCS | | | 1/2 Flow seal | | | | | | | | | | | | |
| EQUIPMENT | | | | | | | | | | | | | Common | 225 | | |
| Pumptrk | 18 | No. | Cementer | Travis | | | Poz. Mix | 150 | | | | | | | | |
| | | | Helper | | | | Gel. | 7 | | | | | | | | |
| Bulktrk | 19 | No. | Driver | Nick | | | Calcium | 15 | | | | | | | | |
| | | | Driver | | | | | | | | | | | | | |
| Bulktrk | p.u. | No. | Driver | Rick | | | | | | | | | | | | |
| | | | Driver | | | | | | | | | | | | | |
| JOB SERVICES & REMARKS | | | | | | | | | | | | | Hulls | | | |
| Remarks: | Cement did Circulate | | | | | | | | | | | | Salt | | | |
| Rat Hole | | | | | | | | | | | | | Flowseal | | | |
| Mouse Hole | | | | | | | | | | | | | Kol-Seal | | | |
| Centralizers | used 375 SKS | | | | | | | | | | | | Mud CLR 48 | | | |
| Baskets | | | | | | | | | | | | | CFL-117 or CD110 CAF 38 | | | |
| D/V or Port Collar | | | | | | | | | | | | | Sand | | | |
| | | | | | | | | | | | | | Handling | 397 | | |
| | | | | | | | | | | | | | Mileage | | | |
| FLOAT EQUIPMENT | | | | | | | | | | | | | Guide Shoe | 1 slip on | | |
| | | | | | | | | | | | | | Centralizer | Rubber plug | | |
| | | | | | | | | | | | | | Baskets | Baffle plate | | |
| | | | | | | | | | | | | | AFU Inserts | | | |
| | | | | | | | | | | | | | Float Shoe | | | |
| | | | | | | | | | | | | | Latch Down | | | |
| | | | | | | | | | | | | | Pumptrk Charge | Long Surface | | |
| | | | | | | | | | | | | | Mileage | 12 | | |
| | | | | | | | | | | | | | Tax | | | |
| | | | | | | | | | | | | | Discount | | | |
| | | | | | | | | | | | | | Total Charge | | | |
| X Signature | Terry S. Salbya | | | | | | | | | | | | | | | |



| | | | | | |
|------------------------------|--------------------|----------------------|-----------|------------------------------------|-------|
| Customer <i>Shirley Ross</i> | | Lease No. | | Date | |
| Lease <i>15-117</i> | | Well # <i>1-5</i> | | <i>12-7-15</i> | |
| Field Order # | Station <i>P-4</i> | Casing <i>2 1/2"</i> | Depth | County <i>Pratt</i> | State |
| Type Job <i>NEW P-T-A</i> | | | Formation | Legal Description <i>15-117-14</i> | |

| PIPE DATA | | PERFORATING DATA | | FLUID USED | TREATMENT RESUME | | |
|-----------------|--------------|------------------|----|------------|------------------|-------|------------------|
| Casing Size | Tubing Size | Shots/Ft | | Acid | RATE | PRESS | ISIP |
| Depth | Depth | From | To | Pre Pad | Max | | 5 Min. |
| Volume | Volume | From | To | Pad | Min | | 10 Min. |
| Max Press | Max Press | From | To | Frac | Avg | | 15 Min. |
| Well Connection | Annulus Vol. | From | To | | HHP Used | | Annulus Pressure |
| Plug Depth | Packer Depth | From | To | Flush | Gas Volume | | Total Load |

| | | |
|-------------------------|--------------------------------|------------------------------|
| Customer Representative | Station Manager <i>Donnell</i> | Treater <i>Robert J. ...</i> |
|-------------------------|--------------------------------|------------------------------|

| | | | | | | | | | |
|---------------|-------------|--------------|--------------|--------------|--------------|--|--|--|--|
| Service Units | <i>7200</i> | <i>28982</i> | <i>96279</i> | <i>70959</i> | <i>73768</i> | | | | |
| Driver Names | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | <i>...</i> | | | | |

| Time | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log |
|-------------|-----------------|-----------------|--------------|------|---|
| <i>13:4</i> | | | | | <i>...</i> |
| <i>2:00</i> | | | | | <i>Set surface Plug @ 3453' to 1 1/2"</i> |
| <i>3:30</i> | | | <i>4</i> | | <i>...</i> |
| <i>4:00</i> | | | <i>5</i> | | <i>...</i> |
| <i>4:30</i> | | | <i>20</i> | | <i>...</i> |
| <i>4:50</i> | | | <i>4</i> | | <i>TOP all 40' w/ 10st</i> |
| <i>5:10</i> | | | <i>7</i> | | <i>Plug all w/ 20</i> |
| | | | | | <i>TOP complete</i> |
| | | | | | <i>Back 900</i> |