



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

KANSAS CORPORATION COMMISSION 1301828
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

Form	CP4 - Well Plugging Record
Operator	R. P. Nixon Operations, Inc
Well Name	PFEIFER-G 1
Doc ID	1301828

Producing Formations

Formation	Top	Bottom	Total Depth
Kansas City	3618	3621	3851
Kansas City	3644	3647	3851
Kansas City	3820	3822	3851
Arbuckle	4033	4036	4099
Arbuckle	4045	4049	4099

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. 1336

Date	Sec.	Twp.	Range	County	State	On Location	Finish
3/3/16	9	14	21	Trego	Ks	Russell	3:30pm

Location *Russell + I-70 South to Curve 1/2 W. N. 14*

Lease <i>Pfeider G</i>	Well No. <i>1</i>	Owner
Contractor <i>Express Well Service</i>		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 <i>PTA</i>		Charge To <i>RP Nixon</i>
Hole Size	T.D.	
Csg. <i>5 1/2</i>	Depth	Street
Tbg. Size <i>2 7/8</i>	Depth	City <i>Hays</i> State <i>Ks 67601</i>
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered

Meas Line Displace

EQUIPMENT

Pumptrk <i>26</i>	No.	Cementer <i>Shane</i>	Common
		Helper <i>Mike</i>	Poz. Mix
Bulktrk <i>19</i>	No.	Driver <i>Doys</i>	Gel.
		Driver	Calcium
Bulktrk	No.	Driver	Hulls
		Driver	Salt

JOB SERVICES & REMARKS

Remarks:	
Rat Hole	Flowseal
Mouse Hole	Kol-Seal
Centralizers	Mud CLR 48
Baskets	CFL-117 or CD110 CAF 38
D/V or Port Collar	Sand
<i>2 1/2 Tubing Casing</i>	Handling
<i>Mix. 100 sacks of 110 lbs cement</i>	Mileage

FLOAT EQUIPMENT

<i>32 Casing</i>	Guide Shoe
<i>Mixed 12 SKS Gel pad</i>	Centralizer
<i>25 SKS Cement Puffed up</i>	Baskets
<i>to 1211. Circulate cement</i>	AFU Inserts
<i>with 15 SKS. Puffed tubing</i>	Float Shoe
<i>out of hole. Repair job</i>	Latch Down
<i>with 25 SKS.</i>	
<i>Back side of hole</i>	

Pumptrk Charge

Mileage

Tax

Discount

Total Charge

X Signature *Diane Aelterberg*