



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

KANSAS CORPORATION COMMISSION 1303724
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

1332

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

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

No.

Date	3-17-16	Sec.	36	Twp.	21	Range	16	County	Pawnee	State	Ks	On Location		Finish	7:30pm
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Location Larned, Ks - S to K-19 3E to 80rd

Lease	Francis	Well No.	1-36	Owner	IN, Follow trail to Rig
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Contractor	Sterling			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.	
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Type Job	Surface			Charge To	Shelby Resources
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Hole Size	12 1/4"	T.D.	974'	Street	
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Csg.	8 5/8"	Depth	970'	City	
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Tbg. Size		Depth		State	
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Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
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Cement Left in Csg.	35.90'	Shoe Joint	35.90'	Cement Amount Ordered	450 60/40 3% CC 2% Gel
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Meas Line		Displace	59 1/2 BLS		1/2# Flo-seal
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EQUIPMENT

Pumptrk	5	No.	Cement Helper	Brett	Common	270
Bulktrk	19	No.	Driver	Doug	Poz. Mix	180
Bulktrk	pu	No.	Driver	Rick	Gel.	9
			Driver		Calcium	19

JOB SERVICES & REMARKS

Remarks:	Cement did Circulate	Hulls	
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Rat Hole		Salt	
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Mouse Hole		Flowseal	225
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Centralizers		Kol-Seal	
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Baskets		Mud CLR 48	
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D/V or Port Collar		CFL-117 or CD110 CAF 38	
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		Sand	
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		Handling	477
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		Mileage	
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FLOAT EQUIPMENT

Guide Shoe	1	weld-on	
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Centralizer		Baffle plate	
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Baskets		Rubber plug	
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AFU Inserts			
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Float Shoe			
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Latch Down			
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Pumptrk Charge	Long Surface		
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Mileage	23		
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		Tax	
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		Discount	
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		Total Charge	
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X Signature	Tommy S. Salgado		
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GLOBAL CEMENTING, L.L.C.

2612

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT:

Russell, KS

DATE <i>3-24-16</i>	SEC <i>36</i>	TWP. <i>21</i>	RANGE <i>21</i>	CALLED OUT <i>9:06 AM</i>	ON LOCATION <i>1:45 PM</i>	JOB START	JOB FINISH <i>6:15 PM</i>
LEASE <i>Francis</i>	WELL #. <i>1-36</i>	LOCATION <i>3SE</i>			COUNTY <i>Pawnee</i>	STATE <i>Ks</i>	
OLD OR NEW (CIRCLE ONE)							

CONTRACTOR *Geelins Drig*

TYPE OF JOB *plug*

HOLE SIZE _____ T.D. _____

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE *1 1/2* DEPTH *3903*

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED

2000 lb 60/100 4% Gel

5 lb collar flange

COMMON *132* @ _____

POZMIX *80* @ _____

GEL *8* @ _____

CHLORIDE @ _____

ASC @ _____

Flt seal 55 lbs @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER *Bill*

HELPER _____

BULK TRUCK _____

DRIVER _____

BULK TRUCK _____

DRIVER _____

REMARKS:

1st plug c 3903 w/ 500 lb

2nd plug c 3990 w/ 500 lb

3rd plug c 4720 w/ 500 lb

4th plug c 60 w/ 200 lb

300 lb MH

200 lb MH

TOTAL _____

SERVICE

DEPTH OF JOB *3903*

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

1-25 plug @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: *Shelby Rec*

STREET *2717 Canal Blvd. Suite C*

CITY *HAYS* STATE *Ks* ZIP *67601*

Global Cementing, L.L.C.,
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *Larry C. Selago*

SIGNATURE *Larry C. Selago*

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS