



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

KANSAS CORPORATION COMMISSION 1314608
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

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. 7815

Date	8-12-16	Sec.	368	Range	17	County		State		On Location		Finish	
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Lease **Ted Hrabe** Well No. **7** Location **Cadell N to S Rd 3/4 E 1/4 N**

Contractor **Co Tools** Owner **To Quality Oilwell Cementing, Inc.**

Type Job **Plug** Charge To **Bill Bowman Oil Co**

Hole Size **2 1/2"** T.D. **2640 W Rd** Street **Natama** City **Ks** State **67651**

Csg. **500# Nulls** Depth **410 60/40 4% gel**

Tbg. Size **500# Nulls** Depth **410 60/40 4% gel**

Tool **500# Nulls** Depth **410 60/40 4% gel**

Cement Left in Csg. **500# Nulls** Shoe Joint **410 60/40 4% gel**

Meas Line **500# Nulls** Displace **410 60/40 4% gel**

EQUIPMENT Common

Pumptrk **5** No. **Brett** Cementer **Helper**

Bulktrk **21** No. **Rilly** Driver **Driver**

Bulktrk **10** No. **Dave** Driver **Driver**

JOB SERVICES & REMARKS Halls

Remarks: Salt

Rat Hole Flowseal

Mouse Hole Kol-Seal

Centralizers Mud CLR 48

Baskets CFL-117 or CD110 CAF 38

D/V or Port Collar Sand

Tubing @ 3198 spot Handling

150 SK + 3 Nulls Mileage

pulled to 2108 spot Guide Shoe

100 SK + 2 Nulls Centralizer

pulled to 1303 mixed Baskets

100 SK + cir to AFU Inserts

Surface pulled Float Shoe

Tubing + top off Latch Down

WT 10SK

Backside full Pumptrk Charge

used 360 Mileage

Thanks

Don Bowman Signature

Tax

Discount

Total Charge