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

1349452

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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.	County: Well #: 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)		tion)	
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.

QUALI		VELL CI eral Tax I.D.# 20-		'ING, IN	
Phone 785-483-2025 Cell 785-324-1041	Home Office	P.O. Box 32 Ru	ssell, KS 67665	No.	1675
Date 3-15-17 14	Twp. Range	County	State	On Location	Finish 4° ISAM
Date 9 10-11 19	23 4	Keno			To ISTIC
M WARNE	internet de la ciencia. National de la ciencia de l	Location Dout	h Hutchic		1 50 + Mal
ease McMillian	Well No.	14 Owner St	Ceet, 11/2E + C	2 Kay Rd, I	EN Eltate
Contractor Southwind	3	You are her	eby requested to re	nt cementing equipment	and furnish
Type Job Pluky			nd helper to assist o	wner or contractor to do	work as listed.
Hole Size	T.D. 3863	Charge To	Slive Kid	ae tetrole	um
Csg.	Depth	Street		<u>J</u>	
rbg. Size 4 4 D.P.	Depth 3814	City		State	· · · ·
Fool	Depth	The above w	as done to satisfaction	and supervision of owner	agent or contractor.
Cement Left in Csg.	Shoe Joint	Cement Am	ount Ordered 19	5 60/40 4% 6	el Vy# Flo-see
Meas Line		And	t ^{an} disk of the second		
EQUIPM	· · · · · · · · · · · · · · · · · · ·	Common	17	an an Araban An Araban	-
Pumptrk W No. Cementer	avis	Poz. Mix	78	and a second	
Bulktrk 21 No. Driver		Gel.	7		
Benktirk D. U. No. Driver Re	V	Calcium			
JOB SERVICES	& REMARKS	Hulls			
Remarks: 38141 -	35 5x	Salt			
Rat Hole 600'	35 58	Flowseal	SOH		
Nouse Hole 350 -	35 5x	Kol-Seal			
Centralizers 255' -	35 5x	Mud CLR 4	8		
Baskets 60' -	28 64		CD110 CAF 38		
D/V or Port Collar Rolling	20 3X		CDTTO CAL 38	and the second	
no or for contai Aaghole	- wy 5052	Sand	201		
Do 1 De	1 20 11	Handling	ω_{o}		
Cement did	(Mileage	FLOAT EQUIF		
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an an thair an an thair an tha		Guide Shoe)		
na an a		Centralizer	<u>.</u>		
		Baskets			
		AFU Inserts			
		Float Shoe			
		Latch Dowr	l		
	nen 2000 Anny <u>Anny Anny</u>				
n an an the state of the state		Pumptrk Ch	large Aug		
en en de la companya		Mileage	10		
en e	g≩ skala seren start. S			Tax	
and the second s				Discount	: · · ·
Signature by Inter			• · · · · · · · · · · · · · · · · · · ·	Total Charge	