

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

KANSAS CORPORATION COMMISSION 1350818
 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

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. 3150
2-27-17

Date	2-26-17	Sec.	20	Twp.	19	Range	14	County	Barton	State	Ks	On Location		Finish	12:00 AM
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Location Heizer - 35 to 20 Rd, 1/4 W, Skato

Lease	Mawler	Well No.	3	Owner	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.
Contractor	Royal 1			Charge To	Grady Bolding
Type Job	Plug			Street	
Hole Size	7 7/8"	T.D.	3551'	City	State
Csg.		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tbg. Size	4 1/2" D.P.	Depth	833'	Cement Amount Ordered	185 60/40 4% Gel 1/4#
Tool		Depth			
Cement Left in Csg.		Shoe Joint			
Meas Line		Displace	H2O	Flo-seal	

EQUIPMENT

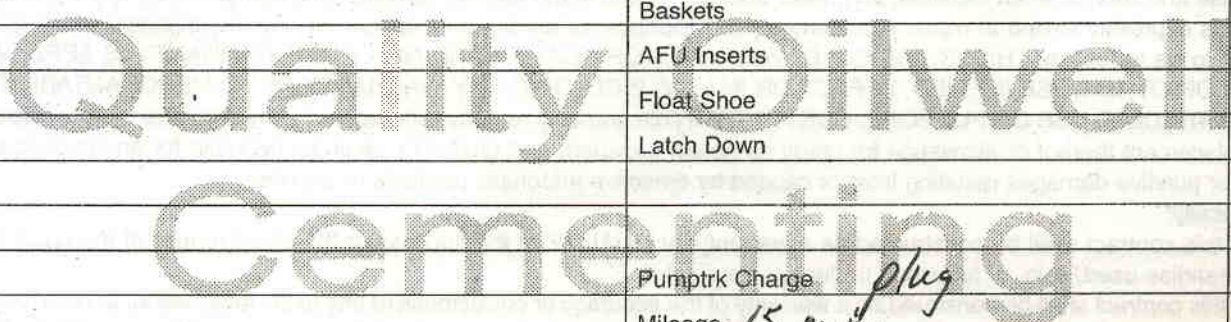
Pumptrk	20	No.	Cement Helper	Nick	Common	///
Bulktrk	3	No.	Driver	Tim	Poz. Mix	74
Bulktrk	pu.	No.	Driver	Rick	Gel.	6
					Calcium	

JOB SERVICES & REMARKS

Remarks:	833' - 50 SX	Hulls	
Rat Hole	370' - 80 SX	Salt	
Mouse Hole	40' - 10 SX w/ plug	Flowseal	50#
Centralizers	Reathole w/ 30 SX	Kol-Seal	
Baskets	Mousehole w/ 15 SX	Mud CLR 48	
D/V or Port Collar		CFL-117 or CD110 CAF 38	
Cement did	Circulate	Sand	
		Handling	191
		Mileage	

FLOAT EQUIPMENT

Guide Shoe	Dry hole plug
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	



Pumptrk Charge	plug
Mileage	15 min

Signature	Greg Burt	Tax	
		Discount	
		Total Charge	