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

1351981

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 #:	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)			
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.

QL	JALITY M Feder Home Office 324	al Tax I.D. # 401	att. KS 67124		6644			
Office 620-727-3 Fax 620-672-366	410		Pie	ch's Cell 620-727- dy's Cell 620-727-	6964			
Fax 620-672-300	Twp. Range	County	State	On Location	Finish			
Date 3-27-17 17		Edwards	Ks					
Lease Dutton	Well No. 3-17	Location						
Contractor Quality h	Jell Sauri	Owner						
Type Job PTA.		Vou are hore	To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish					
Hole Size	Charge	cementer and helper to assist owner or contractor to do work as insted.						
<u>Csg.</u> 4.5	Depth	To P	F.6. Holl					
Tbg. Size	Depth Depth	Street		01.1				
Tool		City		State				
Cement Left in Csg.	Shoe Joint			and supervision of owner	and the second se			
Meas Line EQUIP	Displace				70 601			
Q No.		Common 8	Get on s	106.				
Pumptrk O No			ío ío	st				
BUIKTR 10		Gel. 14	N					
Bulktrk No.					-			
Pickup JOB SERVICES	& REMARKS	Calcium	and the second second					
Rat Hole	d nemotion	Hulls						
Mouse Hole	and the second second	Flowseal			the second se			
Centralizers		Kol-Seal						
Baskets								
D/V or Port Collar		Contraction of the local division of the	Mud CLR 48					
IST D.	1 60.00 1.61	/	CFL-117 or CD110 CAF 38					
	Del 505× 601		94					
120 Gel 120 11.40	and the second							
P 1 50.	Laber 15	Mileage 4						
v. tumped 50sv	60/40 42		FLOAT EQUIPMENT					
<u>xel w 300</u>			Guide Shoe					
. 0		Centralizer		100 100 100 100 100 100 100 100 100 100				
) Pumped 20 sx	60/40 47							
el 20 40' to sur	farp.	AFU Inserts		Land the second state				
		Float Shoe			1 and the second			
Topped well	with 105%.	Latch Down	JEA CS+	with 10	1 Famine			
0/40 48 Gel.		LMV	45					
		Service		2				
		Pumptrk Cha						
			10					
	Contraction of the	inneage -	10		-			
				Ta	-			
	and the second second			Discour				
iture		A REAL PROPERTY OF THE REAL PR		Total Charg				