

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

KANSAS CORPORATION COMMISSION 1357310
 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. 180

Date	6-7-17	Sec.	16	Twp.	7	Range	21	County	Graham	State	Ks	On Location		Finish	3:15 PM
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Lease Insley Well No. 1 Location Bouge Jct - 1/8 E, 4N, E15

Contractor Nuss Well Service Owner To Quality Oilwell Cementing, Inc.
 Type Job Plug You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size 4 1/2" T.D. 3482' Charge To WMKS Energy Resources

Csg. 2718" Depth 3482' Street

Tbg. Size 2718" Depth 3482' City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. Shoe Joint Cement Amount Ordered 250 60/40 4% Gel

Meas Line Displace H2O 9 Gel 300 # Huls - 150 60/40 4% Gel

EQUIPMENT Common 150

Pumptrk 5 No. Cementer Brett #14 Tony Poz. Mix 100

Bulktrk 15 No. Driver Jordan Gel. 18

Bulktrk pm No. Driver Rick Calcium

JOB SERVICES & REMARKS Huls 6

Remarks: 3482' - 9 Gel 25.5x Cement Salt

Rat Hole 50 # Huls Flowseal

Mouse Hole 1850' - 130 5x 200 # Huls Kol-Seal

Centralizers 939' - Circulate to Surface Mud CLR 48

Baskets w/ 9.5 5x CFL-117 or CD110 CAF 38

D/V or Port Collar PTOH + Top off w/ 10 5x Sand

Fill backside w/ 10 5x Handling 274

Mileage

QUALITY OILWELL CEMENTING

Guide Shoe

Centralizer

Baskets

AFU Inserts

Float Shoe

Latch Down

Pumptrk Charge plug

Mileage 47

Tax

Discount

Total Charge

X Signature Tom Berens