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

1363090

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 #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plug
Deptn to lop: Bottom: I.D	

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.

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107 277 No. Home Office P.O. Box 32 Russell, KS 67665 Phone 785-483-2025 Cell 785-324-1041 Finish State On Location County Twp. Range Sec. 8-1-29 Ks 12:00 PM η 22 Graham Date 290 Ro 2 Location H: 5 N -1 Webb 615 Owner 15 16 5 Well No. Lease To Quality Oilwell Cementing, Inc. (2)] 00 Contractor You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. Type Job Charge reporation 10 T.D. Hole Size To 3850' 200 ť 725 Depth Street Csq. 318 3507 Wichit Depth State Citv Tbg. Size The above was done to satisfaction and supervision of owner agent or contractor. Depth Tool 6140 380 4% Cel Cement Amount Ordered Cement Left in Csg. Shoe Joint 300 H H20 2/1/1 Displace Meas Line EQUIPMENT Common Cementer -Helper No. 90 Poz. Mix Pumptrk No. Driver Gel. ລ Bulktrk Driver No. Driver Calcium Bulkitk Driver **JOB SERVICES & REMARKS** Hulls 250 5 SX Salt 15 Remarks: 20 H 1 SX Flowseal Rat Hole 0 Car Kol-Seal Mouse Hole 100 0 O Mud CLR 48 Centralizers PSI CFL-117 or CD110 CAF 38 Baskets D/V or Port Collar Sand D Handling inculate 09 Mileage men FLOAT EQUIPMENT Guide Shoe Centralizer Baskets **AFU Inserts** oli e Float Shoe Latch Down Pumptrk Charge Mileage S Tax Discount **Total Charge** Signature