

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

KANSAS CORPORATION COMMISSION 1367431
 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. 382

Date	9-11-17	Sec.	Twp.	Range	County	State	On Location	Finish
					Norton	KS		5:30pm
Lease					Well No.		Owner	
Blamae					2		To Quality Oilwell Cementing, Inc.	
Contractor					You are hereby requested to rent cementing equipment and furnish			
Western Well					cement and helper to assist owner or contractor to do work as listed.			
Type Job					Charge To			
P.T.A					I.A. Operating			
Hole Size					T.D.			
Csg.					Depth			
Tbg. Size					City			
Tool					Depth			
Cement Left in Csg.					Shoe Joint			
Meas Line					Displace			
EQUIPMENT					Common			
Pumptrk 20 No. Cementer					162			
Craig					Poz. Mix 108			
Bulktrk No. Driver					Gel. 20			
Travis					Calcium			
Bulktrk 19 No. Driver					Hulls 500# (10)			
Doug					Salt			
JOB SERVICES & REMARKS					Flowseal			
Remarks: KCL Pat Bedore Bedore					Kol-Seal			
Rat Hole					Mud CLR 48			
Mouse Hole					CFL-117 or CD110 CAF 38			
Centralizers					Sand			
Baskets					Handling 400			
D/V or Port Collar					Mileage			
1st 3500 10gel 50SK + 250# Hulls					FLOAT EQUIPMENT			
2nd 2030 100SK 200# Hulls					Guide Shoe			
3rd 1000 100SK + 50# Hulls Cement (cracked)					Centralizer			
5 1/2 Top off. 20SK					Baskets			
Annulus Pressured to 300#					AFU Inserts			
USED - 270SK 10gel + 500# Hulls					Float Shoe			
					Latch Down			
					Pumptrk Charge plug			
					Mileage 57			
Signature					Tax			
Tom Berere					Discount			
					Total Charge			