

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

KANSAS CORPORATION COMMISSION 1371861
 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

No. 332

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-30-17	17	12	17	Ellis	KS		2:00pm
Lease				Well No. A # 8		Owner	
Contractor				Schmeider		To Quality Oilwell Cementing, Inc.	
Type Job				Professional		You are hereby requested to rent cementing equipment and furnish	
Hole Size				5 1/2		cementer and helper to assist owner or contractor to do work as listed.	
Csg.				T.D.		Charge To	
Tbg. Size				Depth		To	
Tool				Depth		Street	
Cement Left in Csg.				Shoe Joint		City	
Meas Line				Displace		State	
EQUIPMENT				13 gal + 500# Hulls		The above was done to satisfaction and supervision of owner agent or contractor.	
Pumptrk				No. Cementer Helper		Cement Amount Ordered	
Bulktrk				No. Driver		400 60/40 4/42	
Bulktrk				No. Driver		Common	
JOB SERVICES & REMARKS				No. Driver		Poz. Mix	
Remarks:				No. Driver		Gel.	
Rat Hole				No. Driver		Calcium	
Mouse Hole				No. Driver		Hulls	
Centralizers				No. Driver		Salt	
Baskets				No. Driver		Flowseal	
D/V or Port Collar				No. Driver		Kol-Seal	
13' 3000 gal 500# Hulls				No. Driver		Mud CLR 48	
2nd 1850 180' 3K 200# Hulls				No. Driver		CFL-117 or CD110 CAF 38	
5 1/2" Mix 1000# Cement 200# Annulus				No. Driver		Sand	
USED 3300K 13 gal + 350# Hulls				No. Driver		Handling	
				No. Driver		Mileage	
				No. Driver		FLOAT EQUIPMENT	
				No. Driver		Guide Shoe	
				No. Driver		Centralizer	
				No. Driver		Baskets	
				No. Driver		AFU Inserts	
				No. Driver		Float Shoe	
				No. Driver		Latch Down	
				No. Driver		Pumptrk Charge	
				No. Driver		Mileage	
				No. Driver		Tax	
				No. Driver		Discount	
				No. Driver		Total Charge	
Signature				Date			