

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

KANSAS CORPORATION COMMISSION 1373295
 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. **337**

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-3-17				Barton	KS		4:45pm

Location *Turner Corbin #12345* *u2 Sinto*

Lease <i>Docket C</i>	Well No. <i>4-18</i>	Owner
Contractor <i>Professional</i>		To Quality Oilwell Cementing, Inc.
Type Job <i>P.T.A</i>		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 <i>7 7/8</i>	T.D.	Charge To <i>Chatter Energy</i>
Csg. <i>5 1/2</i>	Depth	Street
Tbg. Size	Depth	City
Tool	Depth	State
Cement Left in Csg.	Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.
		Cement Amount Ordered <i>400^{bu}/40 4/62 500#Hulls</i>

Meas Line	Displace	
EQUIPMENT		
Pumptrk <i>20</i>	No. <i>20</i>	Cement Helper <i>maig</i>
Bulktrk <i>21</i>	No. <i>21</i>	Driver <i>2 Dwg</i>
Bulktrk	No. <i>21</i>	Driver <i>Carlenn</i>
		Common
		Poz. Mix
		Gel.
		Calcium

JOB SERVICES & REMARKS		
Remarks:		Hulls
Rat Hole		Salt
Mouse Hole		Flowseal
Centralizers		Kol-Seal
Baskets		Mud CLR 48
D/V or Port Collar		CFL-117 or CD110 CAF 38
<i>1st 1400 125SK 200#Hulls</i>		Sand
<i>2nd 1060 50SK 100#Hulls</i>		Handling
<i>3rd 700 50SK 100#Hulls</i>		Mileage

FLOAT EQUIPMENT		
<i>4th 250 70 SK 100#Hulls</i>		Guide Shoe
<i>Cement circulated.</i>		Centralizer
<i>8th 1000 50 SK</i>		Baskets
<i>Top of 5 SK</i>		AFU Inserts
		Float Shoe
		Latch Down
USED 300 SK & 500#Hulls		

	Pumptrk Charge	
	Mileage	
	Tax	
	Discount	
	Total Charge	

X Signature *[Signature]*