KOLAR Document ID: 1405162

**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

## 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 #:				API No. 15			
Name:				Spot Description:			
Address 1:				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)			
Address 2:							
City:							
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				Plugging Commenced:			
Depth to Top: Bottom: T.D				Plugging Completed:			
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
			+				
Describe in detail the manner cement or other plugs were us		-		•		ds used in introducing it into the hole. If	
Plugging Contractor License #:				ne:			
Address 1:				tress 2:			
City:				State:		Zip:+	
Phone: ( )				-			
Name of Party Responsible for	r Plugging Fees:						
State of County,				, SS.			
	,				ployee of Operator or	Operator on above described well	
(Print Name)				=	ployee 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

463 Home Office P.O. Box 32 Russell, KS 67665 Phone 785-483-2025 Cell 785-324-1041 Finish On Location Twp. State Sec. Range County Location Well No. Owner To Quality Oilwell Cementing, Inc. 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 To T.D. 3604 Hole Size Depth Csq Street State Tbg. Size Depth City The above was done to satisfaction and supervision of owner agent or contractor. Depth Tool Cement Amount Ordered Cement Left in Csa Shoe Joint Displace Meas Line EQUIPMENT Common No. Cementer Helper Poz. Mix 04 Pumptrk ret+ No. Driver Driver Gel. Bulktrk Driver Bulktrk Calcium JOB SERVICES & REMARKS Hulls Salt Remarks: Flowseal .Rat Hole Kol-Seal Mouse Hole Mud CLR 48 Centralizers Baskets CFL-117 or CD110 CAF 38 D/V or Port Collar Sand Handling Mileage FLOAT EQUIPMENT Guide Shoe Centralizer Baskets AFU Inserts Float Shoe Latch Down Pumptrk Charge Mileage Tax

ackside

Discount

Total Charge