

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 #: _____
 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

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

No. 1186

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
1-29-19	13	21	16	Pawnee	Ks		3:45 PM

Location Larned - 4 NE on 56 Hwy, S/Into

Lease	Well No.	Owner
F-N unit	1-B	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Contractor	Type Job	Charge To
Alliance Well Service	Plug	Shelby Resources
Hole Size	T.D.	Street
5 1/2"		
Csg.	Depth	City
	1010'	
Tbg. Size	Depth	State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered
		130 60/40 4% Gel 10 gel
Meas Line	Displace	
	H2O	100# Hulls on side

EQUIPMENT

Pumptrk	No.	Cementor		Common
16		Helper	Tony	70
Bulktrk	No.	Driver	Doug	Poz. Mix
3		Driver		45
Bulktrk	No.	Driver	Rick	Gel.
p.u.		Driver		14
				Calcium
				(4)

JOB SERVICES & REMARKS

Remarks:	Hulls
1010' - 50sx Cement 10sx gel	100# (2) 2x from PW Unit
Rat Hole	Salt
	1-33 forgot to charge
Mouse Hole	Flowseal
420' - 40 sx 100# Hulls	
Centralizers	Kol-Seal
Baskets	Mud CLR 48
40' - 25sx to Circulate	
D/V or Port Collar	CFL-117 or CD110 CAF 38
to Surface	

used 115 sk
10 gel 100# Hulls

Thank

FLOAT EQUIPMENT

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down

Pumptrk Charge Plug
Mileage 21

X Signature

[Handwritten Signature]

Tax
Discount
Total Charge