

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
Cell 785-324-1041

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

No. 1267

Date	4-15-19	Sec.	27	Twp.	21	Range	17	County	Pawnee	State	Ks	On Location		Finish	3:00 PM
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Location Larned - 4 1/2 W to 160 Rd, 1/2 N, E into

Lease	Froetschner	Well No.	1-27	Owner	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	Alliance Well Service				
Type Job	plug				
Hole Size		T.D.		Charge To	Shelby Resources
Csg.	5 1/4"	Depth	1035'	Street	
Tbg. Size		Depth		City	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 40% gel	

Meas Line	Displace	140	300 # Hulls	10 gel
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EQUIPMENT

Pumptrk	16	No.	Cement Helper	David	Common	66
Bulktrk	3	No.	Driver	Doug	Poz. Mix	44
Bulktrk	P.M.	No.	Driver	Rick	Gel.	14
				Calcium		

JOB SERVICES & REMARKS

Remarks:	1035' - 10 gel 50 5x Cement	Hulls	100# (2)
Rat Hole		Salt	
Mouse Hole	40' - 40 2x Cement 100 # Hulls	Flowseal	
Centralizers		Kol-Seal	
Baskets	40' - 20 2x Cement did	Mud CLR 48	
D/V or Port Collar	Circulate	CFL-117 or CD110 CAF 38	
		Sand	
		Handling	116
		Mileage	

Used 110 sk
Thanks

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

Pumptrk Charge *plug*
Mileage *25*

X Signature *[Signature]*

Tax	
Discount	
Total Charge	