KOLAR Document ID: 1470088

**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:				Sec Twp S. R East West			
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section			
City:							
Contact Person:				Footages Calculated from Nearest Outside Section Corner:			
Phone: ( )				NE NW SE SW  County: Well #:			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic  Water Supply Well Other: SWD Permit #:							
ENHR Permit #:				Date Well Completed:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date)			
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC <b>District</b> Agent's Name) Plugging Commenced:			
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth to Top: Bottom: T.D					g completed.		
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing Re	Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If	
Plugging Contractor License #: N				×			
Address 1: Addre				s 2:			
City:			;	State:		Zip:+	
Phone: ( )							
Name of Party Responsible fo	r Plugging Fees:						
State of	County, _			, SS.			
	•				Employee of Operator or	Operator on above described	
(Print Name)				⊑	imployee 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

Phone 785-483-1071 Cell 785-324-1041 Home Office P.O. Box 32 Russell, KS 67665

No. 1565

Sec. Twp. Range County State On Location Finish 3 PM (n RaHam 3:30 Location Hill 70 Well No.# 14 S INTO Owner To Quality Oilwell Cementing, Inc. Service Contractor You are hereby requested to rent cementing equipment and furnish US ARANDONED cementer and helper to assist owner or contractor to do work as listed. Well Charge To 292 Hole Size Q 5/8 T.D. 3776 Depth Csg. Street Tbg. Size Depth City State Depth The above was done to satisfaction and supervision of owner agent or contractor. Cement Amount Ordered 2 Cement Left in Csg Shoe Joint Meas Line Displace **EQUIPMENT** Common Cementer Glenn Pumptrk Helper Poz. Mix Driver Bulktrk Gel. Driver Driver Bulktrk Driver Calcium **JOB SERVICES & REMARKS** Hulls Remarks: Salt Rat Hole Flowseal Mouse Hole Kol-Seal Centralizers Mud CLR 48 **Baskets** CFL-117 or CD110 CAF 38 D/V or Port Collar Sand Handling Spot 12sx Gel Mileage FLOAT EQUIPMENT 1005x Coment Guide Shoe Centralizer Baskets **AFU Inserts** Float Shoe Latch Down Pumptrk Charge Mileage 290 Tax Discount X Signature **Total Charge**