KOLAR Document ID: 1583377

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
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #:	County: Well #: Lease Name: Well #: 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 District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)		tion)	
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,	, \$\$.	
(Print Name)	Employee 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.

Submitted Electronically

QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

2327 No. Home Office P.O. Box 32 Russell, KS 67665 Phone 785-483-1071 Cell 785-324-1041 On Location Finish Sec. Twp. Range County State 2,306 7-15-2 SheRiden KS Date udle Location Lease MGREile Well No. 24-1 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 OPERating Hole Size T.D. To 5 Csa Depth Street 3616 Depth Tba. Size City State The above was done to satisfaction and supervision of owner agent or contractor. Depth Tool Cement Amount Ordered 400 x 6 9/40 49, tel Cement Left in Csg. Shoe Joint 500 Hulls 11. si Cel Meas Line Displace EQUIPMENT Common / L Cementer No. Pumptrk/ Poz. Mix Helper Driver No. Gel. Bulktrk Driver Driver No. Bulktrk Calcium Ony Driver **JOB SERVICES & REMARKS** Hulls 4/ ΔD Salt Remarks: Flowseal Rat Hole Kol-Seal Mouse Hole Mud CLR 48 Centralizers CFL-117 or CD110 CAF 38 **Baskets** D/V or Port Collar Sand 7 SA CEMT 200 Holls - 11.0y 3616 Handling Z 2030 110 Mileage 920 Cire. **FLOAT EQUIPMENT** Guide Shoe Centralizer Topofs **Baskets** BACKCide AFU Inserts Float Shoe Latch Down 1 Pumptrk Charge Mileage Tax hanks Discount elen X Signature **Total Charge**