

**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**

Form	CP4 - Well Plugging Record
Operator	TDI, Inc.
Well Name	SCHMIDTBERGER 1
Doc ID	1598407

Producing Formations

Formation	Top	Bottom	Total Depth
Arbuckle	3483	3485	
Arbuckle	3426	3428	
Arbuckle	3420	3422	
Arbuckle	3410	3412	
Arbuckle	3397	3399	
Kansas City	3323	3325	
Kansas City	3315	3318	
Kansas City	3306	3308	
Kansas City	3222	3226	
Kansas City	3147	3149	

# 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. 2581

Date	11-2-21	Sec.	20	Twp.	14	Range	16	County	Ellis	State	KS	On Location		Finish	12:45 pm
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Location *Victoria 1/2 E 22 S*

Lease	<i>Schmidtbergen</i>		Well No.	1		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	<i>Express</i>						Charge To	<i>T.D.I.</i>										
Type Job	<i>P.T.A.</i>						Csg.	<i>S 1/2</i>		Depth								
Hole Size							Tbg. Size	<i>23</i>		Depth								
Tool							Tool			Depth		The above was done to satisfaction and supervision of owner agent or contractor.						
Cement Left in Csg.							Cement Amount Ordered	<i>285 69/40 4</i>										
Meas Line							Displace	<i>1200# Gel</i>		<i>600# Hulls</i>								
<b>EQUIPMENT</b>													Common			<i>153</i>		
Pumptrk	<i>20</i>		No.			Cementer			<i>Bill</i>		Poz. Mix							
Bulktrk			No.			Helper			<i>Craig</i>		Gel.							
Bulktrk	<i>14</i>		No.			Driver			<i>DOUG</i>		Calcium							
<b>JOB SERVICES &amp; REMARKS</b>													Hulls			<i>300# (6)</i>		

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				
<i>3150</i>	<i>1200# Gel</i>		<i>50% Cement</i>						<i>w/ 300# Hulls</i>				Handling	<i>285</i>				
<i>1450 - Circ. Cent</i>			<i>180%</i>						<i>300# Hulls</i>				Mileage					
<b>FLOAT EQUIPMENT</b>													Guide Shoe					
<b>FLOAT EQUIPMENT</b>													Centralizer					
<b>FLOAT EQUIPMENT</b>													Baskets					
<b>FLOAT EQUIPMENT</b>													AFU Inserts					
<b>FLOAT EQUIPMENT</b>													Float Shoe					
<b>FLOAT EQUIPMENT</b>													Latch Down					
<b>FLOAT EQUIPMENT</b>													Pumptrk Charge			<i>plug</i>		
<b>FLOAT EQUIPMENT</b>													Mileage			<i>15</i>		

<i>Top off 15%</i>													Tax					
<i>Back side 10% 300#</i>													Discount					
<i>used 255%</i>													Total Charge					
<i>1200# Gel</i>																		
<i>600# Hulls</i>																		
<i>Signature</i>																		

*Thanks*