

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 785-483-1071
Cell 785-324-1041

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

No. **2558**

API - 15-051-19455-0001

Date 10-7-71	Sec. 23	Twp. 15	Range 18	County Ellis	State Ks	On Location	Finish 4:00pm
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Location **Hay 7S 1E 1/2S**

Lease Ruder	Well No. 4-23	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 CoTools		
Type Job PTA		
Hole Size	T.D.	Charge To JACK Haddock
Csg. 5 1/2	Depth	Street
Tbg. Size 2 3/8	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 300# 69 40 4% Gel
Meas Line	Displace	500 # Hulls 124 Gel

EQUIPMENT

Pumptrk 20	No.	Cementer Bill	Common 147
		Helper CRAB	Poz. Mix 98
Bulktrk	No.	Driver	Gel. 20
Bulktrk	No.	Driver Jordan	Calcium

JOB SERVICES & REMARKS

Remarks:	Hulls 500 # (10)
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
Tubing e 3300 pump 1200 # Gel	Sand
50% Cent w 250 # Hulls	Handling 300
Tubing e 1600 w 250 # Hulls	Mileage
CIRC TO SURFACE	

FLOAT EQUIPMENT

Top off - 20 #	Guide Shoe
BACK side none	Centralizer
Top off last well 15 #	Baskets
used 245 #	AFU Inserts
124 Gel 500 # Hulls	Float Shoe
State plugger PAT STAAB	Latch Down
	Pumptrk Charge Plug
	Mileage 15 (m.m)

X Signature **Eugene E Leiker**

Thanks

Tax
Discount
Total Charge