

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.

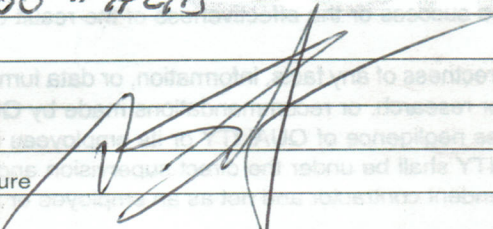
Federal Tax I.D.# 20-2886107

Phone 785-483-1071

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

No. **3104**

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-16-22				LANC	KS		
Lease Leighton				Well No. A-8		Owner	
Contractor Professional				To Quality Oilwell Cementing, Inc.			
Type Job PTA				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size		T.D.		Charge To Charter Energy			
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 4404 69/10-4			
Meas Line		Displace		200# Hulls			
EQUIPMENT				Common 123			
Pumptrk 17	No.	Cementer	B.H	Poz. Mix 82			
		Helper	Jordan	Gel. 17			
Bulktrk	No.	Driver		Calcium			
Bulktrk 19	No.	Driver	Tim	Hulls 100# (2)			
JOB SERVICES & REMARKS				Salt			
Remarks:				Flowseal			
Rat Hole				Kol-Seal			
Mouse Hole				Mud CLR 48			
Centralizers				CFL-117 or CD110 CAF 38			
Baskets				Sand			
D/V or Port Collar				Handling 440			
4450- 75A 100 # Hull				Mileage			
2250- 30A				FLOAT EQUIPMENT			
1210- CIRC w/ 75A				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
BACKSIDE 15A				Float Shoe			
TOP OFF 10A				Latch Down			
USED 205A				Pumptrk Charge Plug			
100 # Hulls				Mileage 40			
				Thanks			
X Signature				Tax			
				Discount			
				Total Charge			