

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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. 3501

Date	Sec.	Twp.	Range	County	State	On Location	Finish
3-6-73	11	9S	27W	Shawnee	KS		
Lease				Well No.	Owner		
BREEDEN				10	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 To			
PTA				H9C			
Hole Size				T.D.			
Csg.				Depth			
Tbg. Size				City			
Tool				Depth			
Cement Left in Csg.				Shoe Joint			
Meas Line				Displace			
EQUIPMENT				Common			
Pumptrk	No.	Cementer			Poz. Mix		
17		Helper	BIV				
Bulktrk	No.	Driver			Gel.		
		Driver	JORDAN				
Bulktrk	No.	Driver			Calcium		
19		Driver	CORY				
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			
3803 - 1200" Gel 80g 350" Hulls				Handling ...			
2308 - 1150" w/ 25" Hulls				Mileage			
1170 - 1200" w/ 200" Hulls				FLOAT EQUIPMENT			
				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
Used				Pumptrk Charge			
2200" Gel				Mileage			
900" Hulls				Tax			
345 Cement				Discount			
X Signature Rob Plunk				Total Charge			