

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. 3238

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
1-12-23				Ellis	Ks		2:30 pm

Location VICTORIA LN 1E

Lease	Well No.	Owner
BOB & MARIE	3	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.
DISCOVERY 2		

Type Job		Charge To
PTA		C B G OIL LLC

Hole Size	T.D.	Street
7 7/8	3560	

Csg.	Depth	City	State

Tbg. Size	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	

Tool	Depth	Cement Amount Ordered
		280M 60/40 4% g

Cement Left in Csg.	Shoe Joint	1/4 # Flowseal

Meas Line	Displace	Common
		170

EQUIPMENT			
Pumptrk	No.	Cementer	
17		Helper	Bill
Bulktrk	No.	Driver	Nick
		Driver	
Bulktrk	No.	Driver	Cory
9		Driver	

JOB SERVICES & REMARKS

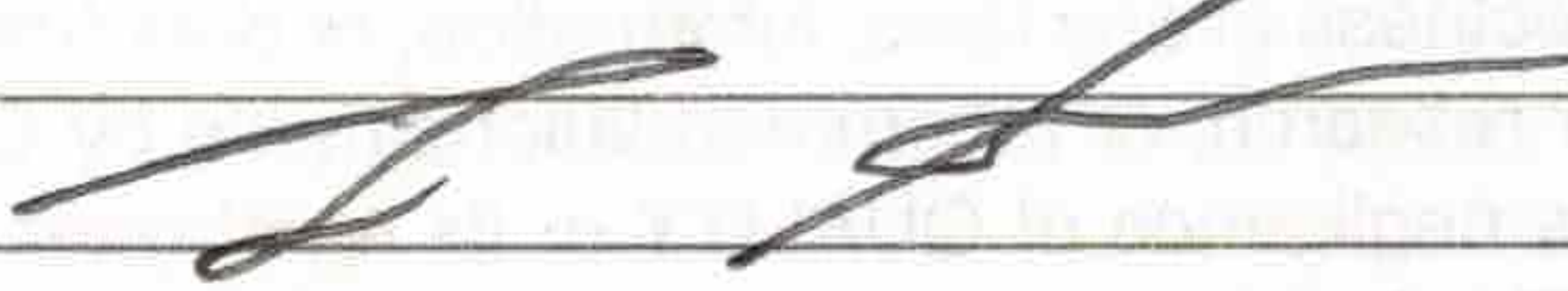
Remarks:	Hulls
	Salt
Rat Hole 30	Flowseal 75#
Mouse Hole 15	Kol-Seal
Centralizers	Mud CLR 48
Baskets	CFL-117 or CD110 CAF 38
D/V or Port Collar	Sand

3438	50A	Handling	290
1125	50A	Mileage	
600	75A		

FLOAT EQUIPMENT

250	50A	Guide Shoe	1 8/8 Dry Hole plug
40	10A	Centralizer	
		Baskets	
		AFU Inserts	
		Float Shoe	
		Latch Down	

	Pumptrk Charge	plug
	Mileage	15 min

 X Signature	Tax	
	Discount	
	Total Charge	

Thanks