

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. **3596**

Date	9/25/27	Sec.	28	Twp.	5	Range	20	County	Phillips	State	Kansas	On Location		Finish	12:30 P.M.
Lease								Well No.		Owner					
Mary								2		Sinto					
Contractor															
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.															
Type Job															
plug															
Hole Size															
2 7/8															
T.D.															
Charge To															
Four Winds															
Csg.															
Drillpipe															
Depth															
3644															
Street															
Tbg. Size															
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															
305 ⁶⁰ / ₄₀ 4% gel 1/4 # Flow															
Meas Line															
Displace															
EQUIPMENT															
Common															
183															
Pumptrk															
17 No. Cementer															
Helper															
Tim															
Poz. Mix															
122															
Bulktrk															
9 No. Driver															
Doug															
Gel.															
11															
Bulktrk															
Pu No. Driver															
David															
Calcium															
JOB SERVICES & REMARKS															
Hulls															
Remarks:															
Salt															
Rat Hole															
Flowseal															
75 #															
Mouse Hole															
Kol-Seal															
Centralizers															
Mud CLR 48															
Baskets															
CFL-117 or CD110 CAF 38															
D/V or Port Collar															
Sand															
3644' - 50 sks															
Handling															
316															
1775' - 50 sks															
Mileage															
1075' - 100 sks															
FLOAT EQUIPMENT															
275' - 50 sks															
Guide Shoe															
40' - 10 sks															
Centralizer															
Rat hole - 30 sks															
Baskets															
Mouse hole - 15 sks															
AFU Inserts															
Float Shoe															
Cement Did Circulate															
Latch Down															
Pumptrk Charge															
plug															
Mileage															
62															
Thanks															
Tax															
Discount															
Total Charge															
Signature															
Ryan Joschl															