

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. 3807

Date	21-24	Sec.	9	Twp.	12	Range	32W	County	LOGAN	State	KS	On Location		Finish	
Location								OAKLEY 652W							

Lease	Delzeit	Well No.	1-9	Owner	To Quality Oilwell Cementing, Inc.
Contractor	Western	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	PTA	Charge To	HBO. Holdings, LLC		
Hole Size		T.D.			
Csg.	5 1/2	Depth			
Tbg. Size	2	Depth			
Tool		Depth	The above was done to satisfaction and supervision of owner agent or contractor.		
Cement Left in Csg.		Shoe Joint	Cement Amount Ordered 450 # 16840-4		
Meas Line		Displace	1000 Gal 600 Hulls		

EQUIPMENT				Common
Pumptrk	17	No.	Cementer	265
			Helper	
Bulktrk	14	No.	Driver	Poz. Mix 175
			Driver	Gel. 25
Bulktrk	9	No.	Driver	Calcium
			Driver	Hulls 500 # (10)

JOB SERVICES & REMARKS	
Remarks:	Salt
Flat Hole	Flowseal
Mouse Hole	Kol-Seal
Centralizers	Mud CLR 48
Baskets	CFL-117 or CD110 CAF 38
D/V or Port Collar	Sand
4494 - Spot 100 # w/ 300 Hulls	Handling 475
3700 - 1000 # Gel	Mileage
2650 - 150 # w/ 200 Hulls	
1200 - CIRC cent. inside 5 1/2	
8 outside 175 #	

FLOAT EQUIPMENT	
Top off 15 #	Guide Shoe
BACK SIDE	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
440 # cent	
1000 # Gel	
500 # Hulls	
	Pumptrk Charge
	Mileage 114

X Signature *Tom Beer*

THANKS

Tax	
Discount	
Total Charge	