KOLAR Document ID: 1779148

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 #:				API No.	15					
Name:					Spot Description:					
Address 1:					Sec Twp S. R East West					
Address 2:				Feet from North / South Line of Section						
City:	State:	Zip: +	.	Feet from East / West Line of Section						
Contact Person:				Footages Calculated from Nearest Outside Section Corner:						
Phone: ()					NE NW	SE SW				
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		County: Well #: Date Well Completed: The plugging proposal was approved on: (Date)						
ENHR Permit #:	Gas Sto	rage Permit #:								
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes								
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)				
Depth to	Top: Botto	m: T.D		Plugging Commenced:						
Depth to	Top: Botto	m: T.D		Plugging Completed:						
Depth to	Top: Botto	m:T.D	'	i iuggiiis	g completed.					
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water		Casing Re	Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If				
Plugging Contractor License #		Name:	:							
Address 1:			Address 2:							
City:			;	State:		Zip:+				
Phone: ()										
Name of Party Responsible fo	r Plugging Fees:									
State of	County, _			, SS.						
	•				Employee of Operator or	Operator on above described				
			⊑	imployee of Operator or	Operator on above-described well,					

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.

QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

Phone 785-483-1071

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

No. 4011

Cell 785-324-1041	Coo	Twp.	Range		County	Sta	to	On Location	Finish			
2/1/24	Sec.	13	20	PI	Liz	1/0	(On Location	12:3000			
Date 2/1/29	1 /	13	20		on Ellis	1	11/2 6		12.500			
Paring (-	M-II No. /-	Locati										
Lease Kaynes told Well No. 6					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 P/A												
Hole Size T.D.					To Froncerion Orining							
Osg. 4½ Depth					Street							
						City State						
Tool		Depth		- 116 m	The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Left in Csg.	Cement Left in Csg. Shoe Joint					Cement Amount Ordered 300 5/46 4% gel						
Meas Line		Displace	9		600 halls gel, 500 hulls							
No. Ceme	EQUIPM				Common/32							
Pumptrk 10 Helper Dryan+					Poz. Mix 88							
Bulktrk 21 No. Driver Triver Triver					Gel. /4							
Bulkdrk PU No. Driver N.CIL					Calcium							
JOB SE	ERVICES 8	& REMA	RKS	1972	Hulls 500# (10)							
Remarks: KLC Pat	r spinite	ne i H			Salt							
Rat Hole	164				Flowseal							
Mouse Hole					Kol-Seal							
Centralizers					Mud CLR 48							
Baskets					CFL-117 or CD110 CAF 38							
D/V or Port Collar					Sand							
600# ac	o Alle				Handling300							
3500 505K	lk		Mileage									
3500 503KS 200 hulls 2050 CNC 145 SKS 300 hulls					FLOAT EQUIPMENT							
top off 15 sys			Guide Shoe									
Backside 10sus 300psi					Centralizer							
					Baskets							
					AFU Inserts							
720	Had	1	Float Shoe									
500 hills total					Latch Down							
300	1	-	Editor, John State Control of the Co									
1	ha	11/	<i>()</i>	/		TOTAL STATE		CERT OF				
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X Signature] //			Total Charge				
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