

**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. **3808**

Cell 785-324-1041

Date <u>28-24</u>	Sec. <u>17</u>	Twp. <u>13</u>	Range <u>14</u>	County <u>Ellis</u>	State <u>KS</u>	On Location	Finish
-------------------	----------------	----------------	-----------------	---------------------	-----------------	-------------	--------

Location Ellis 1W 12S

Lease RAYNESFORD Well No. 3 Owner

Contractor Western To Quality Oilwell Cementing, Inc.  
You are hereby requested to rent cementing equipment and furnish  
Type Job PTA cementer and helper to assist owner or contractor to do work as listed.

Hole Size \_\_\_\_\_ T.D. \_\_\_\_\_ Charge To Production DRlg.

Csg. 4 1/2 Depth \_\_\_\_\_ Street \_\_\_\_\_

Tbg. Size 2 3/8 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 250/16/10-4

Meas Line \_\_\_\_\_ Displace 500# Hulls 700# Gel

**EQUIPMENT**

Pumptrk <u>5</u> No.	Cementer	<u>Bill</u>	Common <u>120</u>
	Helper	<u>Tim</u>	Poz. Mix <u>80</u>
Bulktrk _____ No.	Driver		Gel. <u>14</u>
	Driver		Calcium
Bulktrk <u>14</u> No.	Driver	<u>Doog</u>	Hulls <u>500# (10)</u>
	Driver		Salt

**JOB SERVICES & REMARKS**

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 \_\_\_\_\_

3811 700# Gel 50# Cem 200# Hulls Handling 250

2050-130# Circ. dem 300# Hulls Mileage \_\_\_\_\_

**FLOAT EQUIPMENT**

Guide Shoe \_\_\_\_\_

Centralizer \_\_\_\_\_

Baskets \_\_\_\_\_

AFU Inserts \_\_\_\_\_

Float Shoe \_\_\_\_\_

Latch Down \_\_\_\_\_

15# Top off

5# Backside 300#

200# Cement

700# Gel

500# Hulls

Pumptrk Charge plug

Mileage 46

X Signature <u>[Signature]</u>	Tax	
	Discount	
	Total Charge	

Thanks  
[Signature]