

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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

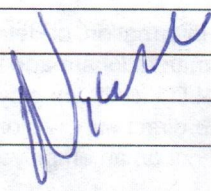
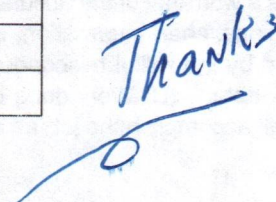
QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

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

No. 4090

Date	6-3-24	Sec.	17	Twp.	13	Range	20	County	Ellis	State	Ks	On Location		Finish													
								Location Ellis 1W 12S																			
Lease		RAYNES			Well No.		4		Owner																		
Contractor		Western			To Quality Oilwell Cementing, Inc.																						
Type Job		PTA			You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.																						
Hole Size					T.D.		Charge To Prod drlg																				
Csg.		5 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 4500y 6y/40-4																				
Meas Line					Displace		1200# Gel 400# Hulls																				
EQUIPMENT																											
Pumptrk		16	No.	Cementer Helper		Bill		Common 230																			
Bulktrk			No.	Driver		Bryant		Poz. Mix 150																			
Bulktrk			No.	Driver		Doug		Gel. 25																			
Bulktrk			No.	Driver				Calcium																			
JOB SERVICES & REMARKS																											
Remarks:		Hulls 400# (8)																									
Rat Hole		Salt																									
Mouse Hole		Flowseal																									
Centralizers		Kol-Seal																									
Baskets		Mud CLR 48 2100																									
D/V or Port Collar		CFL-117 or CD110 CAF 38 1550																									
3500- 1200# Gel 75y cem.		Sand 800																									
w/ 200# Hulls		Handling 450																									
2100- 125y 200# Hulls		Mileage																									
850' 135y Circ Inside and out side of 5 1/2		FLOAT EQUIPMENT																									
Top off 45y		Guide Shoe																									
Used		Centralizer																									
1200# Gel		Baskets																									
400# Hulls		AFU Inserts																									
380 sh		Float Shoe																									
		Latch Down																									
		Pumptrk Charge Plug																									
		Mileage 46																									
X Signature 		Thanks 																									
															Tax												
															Discount												
		Total Charge																									