

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.

(Print Name) Employee 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.

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. 4181

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-11-74	26	7	20	Rooks	KS		7:15 AM
				Location STOCKTON 13 W 1/4 NW			
Lease	D G Hansen			Well No.	26-1	Owner	
Contractor	Discovery			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	7 1/8			T.D.	3560	Charge To	IA operating
Csg.				Depth		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	30.0016940-41
Meas Line				Displace		to the	Flow seal
EQUIPMENT							
Pumptrk	No.	Cementer	BEN			Common 183	
		Helper				Poz. Mix	122
Bulktrk	No.	Driver	BRYANT			Gel.	11
Bulktrk	No.	Driver	CORY			Calcium	
JOB SERVICES & REMARKS							
Remarks:							
Rat Hole	30			Flowseal	75 #		
Mouse Hole	15			Kol-Seal			
Centralizers				Mud CLR 48			
Baskets				CFL-117 or CD110 CAF 38			
D/V or Port Collar				Sand			
3478 -	500y			Handling	316		
1575 -	500y			Mileage			
925 -	100y			FLOAT EQUIPMENT			
275 -	50y			Guide Shoe			
40 -	100y			Centralizer			
304 RH				Baskets			
154 m 14				AFU Inserts			
				Float Shoe			
				Latch Down			
				Woodplug -8 1/2 -1			
				Pumptrk Charge	Plug		
				Mileage	54		
X Signature				Tax			
				Discount			
				Total Charge			

Thanks