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

OPERATOR: License #: 5225					API No. 15 - 119-20531 · OO · OO			
Name: Quinque Operating Company				Spot Description:				
Address 1:908 NW 71st St				C_E/2_SW_SE_Sec. 26_Twp. 34_S. R. 30 East West				
Address 2:				686 596 Feet from North / South Line of Section				
City: Oklahoma City State: OK Zip: 73116_+					1.650 5 10 Feet from 7 Fast / West Line of Section			
Contact Person: _Catherine Smith				Footages Calculated from Nearest Outside Section Corner:				
Phone: (405_) 840-9876					NE NW √SE SW			
Type of Well: (Check one) ☐ Oil Well					County: Meade			
Water Supply Well Other: SWD Permit #:				Lease Name: Adams Well #: 2-26				
ENHR Permit #: Gas Storage Permit #:					Date Well Completed:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No					Completed:ino proposal was appr	0/04/0044	Date)	
Producing Formation(s): List All (If needed attach enother sheet)					by:(KCC District Agent's Name)			
Depth to Top: <u>5949</u> Bottom: <u>5957</u> T.D					Plugging Commenced: 9/23/2011			
Depth to Top: Bottom: T.D				Plugging Completed: 9/27/2011				
Depth to Top: Bottom: T.D				Plugging Completed: 5727725 11				
Show depth and thickness of	all water, oil and gas form	ations.						
Oil, Gas or Water Records Casing R				Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
		Surface	8 5/8		1498	0		
· · · · · · · · · · · · · · · · · · ·		Surface	0 3/0		1490	<u> </u>	-	
		Production	4 1/2		6098	1715		
of cement on top.	of mud down cas Shot casing @ 1 eed hulls. Pump 0'. Pumped 20 sa	ing. TIH with tubing 715'. Laid down sa ed 50 sacks of cen	g and ime. nent (CIBP. S TIH with @ 1525'.	Set CIBP @ 59 tubing to 152 . TOH to 600'.	900'. Pumped 10 sacks 5'. Pumped mud and Pumped 50 sack of und level. Weld ID	;	
Plugging Contractor License #: 33311X Name:								
City: _Pernyton				State: _TX		zip: <u>79070</u> +	_	
Phone: (806_) 435-33	373							
Name of Party Responsible fo	or Plugging Fees: Qu	ngue Operation	Con	yeny				
State of MULLiam	A County	Oklahma		, , ,				
	Smith			_		r		
<u>annerine</u>	(Print Name)	A CONTRACTOR AND ADDRESS OF THE ADDR		_	loyee of Operator or	Operator on above-described w	ell,	
being first duly sworn on oath,	says: That I have knowled	lge of the facts statements, an	d matter	s herein cont	tained, and the log of t	he above-described well is as filed,	and	
the same are true and correct	, so help me God.	AL.				RECEIVED)	
Signature:	~~	V -				በር ፣ ፣ ፣ ፣	44	
	Mail to: KCC - Con	servation Division, 130 S. I	Market -	- Room 207	8, Wichita, Kansas	UCT 2 0 20	11	