

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1352093
 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

Form	CP4 - Well Plugging Record
Operator	Jaspar Co.
Well Name	JEFFREY 1
Doc ID	1352093

Producing Formations

Formation	Top	Bottom	Total Depth
TOPEKA	2880	3089	
TORONTO	3113	3129	
LKC	3130	3373	
ARBUCKLE			3485

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

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

No. 015

Date	4-10-17	Sec.	27	Twp.	8	Range	19	County	Rooks	State	Ks	On Location		Finish	
Lease								Well No.		Location					
Jeffery								1		Zurich N to T Rd E E S					
Contractor								Owner							
								To Quality Oilwell Cementing, Inc. 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								Charge To							
plug								Gaspar Company							
Hole Size								Street							
52															
Csg.								Depth							
Tbg. Size								City							
Tool								State							
Cement Left in Csg.								Shoe Joint							
Meas Line								Displace							
								500 # Hulls Used 360							
EQUIPMENT															
Pumptrk 5				No.		Cementer				Common					
						Brett				215					
Bulktrk 21				No.		Helper				Poz. Mix					
						Daxel				145					
Bulktrk pv				No.		Driver				Gel.					
						Dave				13					
						Driver				Calcium					
						Driver				Hulls 500# (10)					
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							
Mixed 5 Hulls w/c								Handling 475							
1st part of 360 sk								Mileage							
max 1500 psi								FLOAT EQUIPMENT							
shut in @ 400 psi								Guide Shoe							
Backside full								Centralizer							
Thanks;								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge							
								Mileage 39 plug							
Tax															
Discount															
Total Charge															
X Signature Shane Veltz															