

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

1318962

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.

(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 785-483-2025
Cell 785-324-1041

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

No. 1729

Date	7-9-16	Sec.	16	Twp.	18	Range	14	County	Butler	State	KS	On Location		Finish	6:11 PM
Lease								Location							
Date								Well No. 1-16							
Contractor								Owner							
Type Job								To Quality Oilwell Cementing, Inc.							
Hole Size								You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Csg.								Charge To							
Tbg. Size								Street							
Tool								City							
Cement Left in Csg.								State							
Shoe Joint								The above was done to satisfaction and supervision of owner agent or contractor.							
Meas Line								Cement Amount Ordered							
Displace								Common							
EQUIPMENT								Poz. Mix							
Pumptrk								Gel.							
Bulktrk								Calcium							
Bulktrk								Hulls							
JOB SERVICES & REMARKS								Salt							
Remarks:								Flowseal							
Rat Hole								Kol-Seal							
Mouse Hole								Mud CLR 48							
Centralizers								CFL-117 or CD110 CAF 38							
Baskets								Sand							
D/V or Port Collar								Handling							
								Mileage							
								FLOAT EQUIPMENT							
								Guide Shoe							
								Centralizer							
								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge							
								Mileage							
								Tax							
								Discount							
								Total Charge							
X Signature															

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. 1983

Date	7-14-16	Sec.	16	Twp.	18	Range	14	County	Barton	State	KS	On Location		Finish	10:50pm
Lease								Well No.		Owner					
Contractor								T.D.		Charge To					
Type Job								Depth		Street					
Hole Size								Depth		City					
Csg.								Depth		State					
Tbg. Size								Depth		The above was done to satisfaction and supervision of owner agent or contractor.					
Tool								Shoe Joint		Cement Amount Ordered					
Cement Left in Csg.										230 60/40 41/62 1/4 #210					
Meas Line								Displace							
EQUIPMENT								Common							
Pumptrk								No. Cementer		Poz. Mix					
Bulktrk								No. Driver		Gel.					
Bulktrk								No. Driver		Calcium					
JOB SERVICES & REMARKS								Hulls							
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							
1 1/2 3472 505K								Handling							
2 1/2 900 1255K								Mileage							
3 40 105K								FLOAT EQUIPMENT							
								Guide Shoe							
								Centralizer 8 5/8 D/V 1610 Plug							
								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge							
								Mileage							
								Tax							
								Discount							
								Total Charge							
X Signature															