

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.
 _____ 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 785-483-2025
Cell 785-324-1041

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

No. 510

Date	3-9-18	Sec.	16	Twp.	6	Range	22	County	Osage	State	Ks	On Location		Finish	
Lease								Well No.		Owner					
Keiswetter								2		117 City N to V Rd E to 290 Rd N to RB Rd E to 250 Rd N to 2 tanks					
Contractor								To Quality Oilwell Cementing, Inc.							
Type Job								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					
Csg.								Depth		To					
Tbg. Size								Depth		Street					
Tool								Depth		City					
Cement Left in Csg.								Shoe Joint		State					
Meas Line								Displace		The above was done to satisfaction and supervision of owner agent or contractor.					
EQUIPMENT								Cement Amount Ordered							
Pumptrk								No.		400# Hulls used					
Bulktrk								No.		260					
Bulktrk								No.		Common					
Cementer								Helper		155					
Driver								Driver		Poz. Mix					
Driver								Driver		105					
Driver								Driver		Gel.					
Driver								Driver		9					
Driver								Driver		Calcium					
Driver								Driver		8					
JOB SERVICES & REMARKS								Hulls							
Remarks:								Salt							
Rat Hole								Flowseal							
Mouse Hole								Kol-Seal							
Centralizers								Mud CLR 48							
Baskets								CFL-117 or CD110 CAF 38							
DV or Port Collar								Sand							
Mixed 400# Hulls								Handling							
w/ 1st part of cement								350							
Mixed 260 slk & pressured								Mileage							
to 1400 psi Released								FLOAT EQUIPMENT							
& Stayed Full								Guide Shoe							
Backside 10 slk @ 300 psi								Centralizer							
								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge							
								Mileage							
								55							
								Tax							
								Discount							
								Total Charge							
Signature															
Dave															