

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.

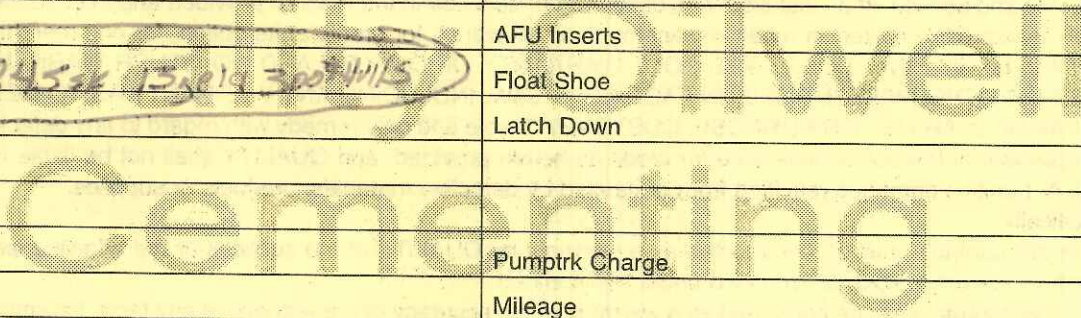
Federal Tax I.D.# 20-2886107

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

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

No. 1405

Date	4-9-19	Sec.	21	Twp.	12	Range	17	County	Ellis	State	KS	On Location		Finish	11:00 AM
Lease								Well No.		Owner					
Contractor								Well No.		To Quality Oilwell Cementing, Inc.					
Type Job								Well No.		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		Street					
Tbg. Size								Depth		City					
Tool								Depth		State					
Cement Left in Csg.								Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.					
Meas Line								Displace		Cement Amount Ordered					
EQUIPMENT										Common					
										Poz. Mix					
Pumptrk								No.		Gel.					
Bulktrk								No.		Calcium					
Bulktrk								No.		Hulls					
JOB SERVICES & REMARKS										Salt					
										Flowseal					
Remarks:										Kol-Seal					
Rat Hole										Mud CLR 48					
Mouse Hole										CFL-117 or CD110 CAF 38					
Centralizers										Sand					
Baskets										Handling					
D/V or Port Collar										Mileage					
FLOAT EQUIPMENT										Guide Shoe					
										Centralizer					
USED - 245 SK 15 NR 19 300# HULLS										Baskets					
										AFU Inserts					
5 1/2" Top off - 15 SK Annulus Pressure to 300#										Float Shoe					
										Latch Down					
Pumptrk Charge										Tax					
										Discount					
Mileage										Total Charge					
Signature															



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