KOLAR Document ID: 1463247

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 #:				API No. 15			
Name:				Spot Description:			
Address 1:				Sec Twp S. R East West			
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section			
City:							
Contact Person:				Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				NE NW SE SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:				County: Well #:			
ENHR Permit #:				Date Well Completed:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date)			
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC District Agent's Name) Plugging Commenced:			
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth to Top: Bottom: T.D					g completed.		
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing Re	Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If	
Plugging Contractor License #:				e:			
Address 1: Address				:			
City:			\$	State:		Zip:+	
Phone: ()							
Name of Party Responsible for	r Plugging Fees:						
State of	County, _			, ss.			
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed	
(Print Name)				E	imployee 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.

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025 1292 Home Office P.O. Box 32 Russell, KS 67665 Cell 785-324-1041 Sec. Twp. Range County State On Location Finish Date 5-29-19 Well No. Owner To Quality Oilwell Cementing, Inc. 11941 RTILICE 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 Hole Size T.D. Csq. Depth Street 32001 Tbg. Size Depth City State Tool Depth The above was done to satisfaction and supervision of owner agent or contractor. 4% Gel Cement Amount Ordered Cement Left in Csg Shoe Joint USL Meas Line Displace EQUIPMENT Common Cementer Tonu Poz. Mix Pumptrk 03/10/ Driver -Bulktrk Gel. Driver DIW.No. Driver David Bulktrk Calcium Driver **JOB SERVICES & REMARKS** Hulls Remarks: Salt in French Rat Hole Flowseal Mouse Hole Kol-Seal Centralizers Mud CLR 48 CFL=117 or CD110 CAF 38 D/V or Port Collar Sand Handling Mileage FLOAT EQUIPMENT Guide Shoe Centralizer Sout Baskets **AFU Inserts** Float Shoe Latch Down Pumptrk Charge Mileage Tax Discount

Total Charge

X Signature