

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. 1493

Date	8-7-19	Sec.	15	Twp.	14	Range	8	County	Moore's	State	Ks	On Location		Finish	12:30 P
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Lease **Zimmerman-Rose** Location **Hwy 4+177 Int, 3/4 W, 5 km**
Well No. **1-15** Owner

Contractor **Discovery #2** To Quality Oilwell Cementing, Inc.
Type Job **plug** 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 **7 7/8"** T.D. **2345'** Charge To **Blue Ridge Petroleum**

Csg. Depth Street
Tbg. Size **4 1/2" D.P.** Depth **2177'** City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg. Shoe Joint Cement Amount Ordered **160 60/40 4% Gel 1/4# Flowseal**

Meas Line Displace **H2O/mud**

EQUIPMENT				Common
Pumptrk	16	No.	Cementer	96
			Helper	
Bulktrk	9	No.	Driver	Poz. Mix 64
			Driver	
Bulktrk	p.u.	No.	Driver	Gel. 6
			Driver	Calcium

JOB SERVICES & REMARKS		
Remarks:	2177' - 35sx	Hulls
Rat Hole	1750' - 35sx	Salt
Mouse Hole	270' - 35sx	Flowseal 40#
Centralizers	60' - 25sx	Kol-Seal
Baskets	Rathole w/ 30sx	Mud CLR 48
D/V or Port Collar		CFL-117 or CD110 CAF 38
		Sand
		Handling 166
		Mileage

FLOAT EQUIPMENT	
Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

Pumptrk Charge **plug**
Mileage **80**

Signature **[Signature]** Tax
Discount
Total Charge

Thanks

