

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. 544

08521

Date 7-26-19	Sec. 16	Twp. 13	Range 13	County RS	State KS	On Location	Finish
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Location **Pioneer Rd S to Curve 1/4E**

Lease Schulz	Well No. 6	Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Contractor Kelso		Charge To Grady Bolding Corp
Type Job plug to abandon		
Hole Size	T.D.	Street
Csg. 5L	Depth	City
Tbg. Size	Depth	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 250 6 1/2 in 21%

Meas Line Displace **12 gal 500 # Hulls**

EQUIPMENT			
Pumptrk PU No.	Cementer	Dave	Poz. Mix 114
	Helper		
Bulktrk 15 No.	Driver	Trev	Gel. 27
	Driver		
Bulktrk 13 No.	Driver	Doug	Calcium
	Driver		

JOB SERVICES & REMARKS

Remarks:	Salt
Rat Hole USPD 785 sk	Flowseal
Mouse Hole	Kol-Seal
Centralizers Ran tubing to 3200	Mud CLR 48
Baskets mixed 12 gal link 60 sk	CFL-117 or CD110 CAF 38
D/V or Port Collar 200 # Hiell	Sand
pulled to 1500 mixed 70 sk & 100 # Hulls	Handling 450
	Mileage

FLOAT EQUIPMENT

pulled to 800 mixed 60 sk	Guide Shoe
	Centralizer
pulled to 200 mixed 50 sk & cir	Baskets
	AFU Inserts
tied on to 5 sk mixed 45 sk & cir up annular to surface	Float Shoe
	Latch Down

Pumptrk Charge **plug**
Mileage **15**

Thanks	Tax
	Discount
	Total Charge

X Signature **[Signature]**