

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 785-483-1071
 Toll 785-324-1041

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

No. 1714

Date	9-18-19	Sec.	19	Twp.	10	Range	19	County	Rooks	State	Ks	On Location		Finish	1:15PM
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Location Zurich - 3w to 7 Rd, 45 to Curve,

Lease	Tomasheck		Well No.	#1A	Owner	Sinto S+E to well	
Contractor	Co Tools		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.	
Type Job	Plug		Charge To			Don Bowman oil/Bowman oil Co.	
Hole Size	5 1/2"		T.D.				
Csg.	2 3/8"		Depth	3869'		Street	
Tbg. Size			Depth	3750'		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	450 60/40 4 1/2 6el	
Meas Line	Displace	H2O		500# Hulls used 405#K

EQUIPMENT

Pumptrk	17 No.	Cementer	Tony L.	Common	243
Bulktrk	19 No.	Driver	Lance	Poz. Mix	162
Bulktrk	P.U. No.	Driver	Rick	Gel.	14
		Driver		Calcium	

JOB SERVICES & REMARKS

Remarks:	3750' - 110SX 150# Hulls		Hulls	500# (10)
Rat Hole			Salt	
Mouse Hole			Flowseal	
Centralizers	2650' - 110 SX 50# Hulls		Kol-Seal	
Baskets			Mud CLR 48	
D/V or Port Collar	1625' - 160 SX 200# Hulls		CFL-117 or CD110 CAF 38	
			Sand	
			Handling	450
			Mileage	

FLOAT EQUIPMENT

			Guide Shoe	
			Centralizer	
			Baskets	
			AFU Inserts	
			Float Shoe	
			Latch Down	

Cement did
 Circulate
 used 405 SK
 1500# Hulls

Pumptrk Charge	plug
Mileage	42

Signature	Tax	
	Discount	
	Total Charge	