

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.

(Print Name) Employee 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.

Submitted Electronically



QUALITY OILWELL CEMENTING, INC.
 PO Box 32 - 740 WEST WICHITA AVE, RUSSELL KS 67665
 PHONE: 785-324-1041 FAX: 785-483-1087
 EMAIL: cementing@ruraltel.net

Date: 10/15/2019
 Invoice # 1654

P.O.#:
 Due Date: 11/14/2019
 Division: Russell

Invoice

Contact:
 Carmen Schmitt Inc
 Address/Job Location:

P.O. Box 47
 Great Bend Ks 67530

Reference:
 ADAMS D 3 SEC 4-9-16

Description of Work:
 PLUG JOB

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 675.02	Yes				
Common-Class A	180	\$ 2,805.39	Yes				
POZ Mix-Standard	120	\$ 635.53	Yes				
Cottonseed Hulls	10	\$ 378.29	Yes				
Bulk Truck Matl-Material Service Charge	475	\$ 359.38	Yes				
Premium Gel (Bentonite)	15	\$ 329.11	Yes				
Pump Truck Mileage-Job to Nearest Camp	42	\$ 142.99	Yes				
Bulk Truck Mileage-Job to Nearest Bulk Plant	42	\$ 111.22	Yes				

Invoice Terms:

Net 30

	<i>SubTotal:</i>	\$ 5,436.93
	<i>Discount Available ONLY if Invoice is Paid & Received within listed terms of invoice:</i>	\$ (135.92)
<hr/>		
	SubTotal for Taxable Items:	\$ 5,301.00
	SubTotal for Non-Taxable Items:	\$ -
<hr/>		
	Total:	\$ 5,301.01
	Tax:	\$ 371.07
	<i>7.00% Rooks County Sales Tax</i>	

Thank You For Your Business!

Amount Due: \$ 5,672.08
Applied Payments:
Balance Due: \$ 5,672.08

Past Due Invoices are subject to a service charge (annual rate of 24%)
 This does not include any applicable taxes unless it is listed.
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7/10/43
12330.0003
Well Ate
Cement to Plug

