

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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

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

No. 1718

Date	9-27-19	Sec.	2	Twp.	16	Range	29	County	Lane	State	Ks	On Location		Finish	1:30 PM
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Location Cave - S to C.L. - 1/4 E, State

Lease Mowery Well No. 1 Owner Quality Oilwell Cementing, Inc.

Contractor 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 down pipe Charge To Jason oil

Hole Size 4 1/2" T.D. _____ Street _____

Csg. _____ Depth _____ City _____ State _____

Tbg. Size _____ Depth _____ The above was done to satisfaction and supervision of owner agent or contractor.

Tool _____ Depth _____ Cement Amount Ordered 250 60/40 40/60

Cement Left in Csg. _____ Shoe Joint _____ Cement Amount Ordered 200 # Hulls

Meas Line _____ Displace H2O Common ///

EQUIPMENT

Pumptrk <u>20</u> No.	Cementer <u>David</u>	Poz. Mix <u>77</u>
	Helper _____	
Bulktrk <u>9</u> No.	Driver <u>Tony L.</u>	Gel. <u>6</u>
	Driver _____	
Bulktrk <u>p.u.</u> No.	Driver <u>Rick</u>	Calcium _____
	Driver _____	

JOB SERVICES & REMARKS

Remarks: Hook to 4 1/2" casing + Hulls 200 # (4)

Rat Hole Mix 35 sx 200 # Salt _____

Mouse Hole 25 Bus H2O Spacer Flowseal _____

Centralizers 150 sx Cement Kol-Seal _____

Baskets Hook stayed full Mud CLR 48 _____

D/V or Port Collar Backside instant pressure CFL-117 or CD110 CAF 38 _____

@ 300 # Sand _____

Handling 250 Mileage _____

FLOAT EQUIPMENT

Guide Shoe _____

Centralizer _____

Baskets _____

AFU Inserts _____

Float Shoe _____

Latch Down _____

Pumptrk Charge _____

Mileage 55 Tax _____

Discount _____

Total Charge _____

X Signature _____

*Used
185 #
200 # Hull*