KOLAR Document ID: 1483019

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 #:	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:
Depth to Top: Bottom: T.D	

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	l 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. Federal Tax I.D.# 20-2886107

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

Phone 785-483-1071

No. 1578

Cell 785-324-1041							
Date 3/17/19 30	Twp.	Range		County	State Ks	On Location	Finish 7:00 Pam
					h Quest to	3 Rd 1N, 1/2	
Lease Eva Gick		Well No. 2	3	Owner			
Contractor Murfin # 8				To Quality Oi	well Cementing, Inc		
Type Job Plug				cementer and	helper to assist ow	cementing equipmer ner or contractor to d	o work as listed.
Hole Size 7 7/8 "	T.D. 1	620'			terson Ene		
Csg.	Depth			Street		14	41
Tbg. Size 4 1/2 D. P.	Depth	1575'		City	t hir om de folgen einer state til state og sen som	State	
Tool	Depth				s done to satisfaction a	nd supervision of owne	r agent or contractor
Cement Left in Csg.	Shoe Jo	pint		Cement Amo	unt Ordered 704	5 6% 4%6	1 Yu#Flason
Meas Line		= H20/Mu	ich			740 110	
EQUIPM				Common/7	7/		1
Pumptrk 20 No. Cementer	19			Poz. Mix	1		-
Bulktrk 9 No. Driver Lan	/			Gel.)		
Bulktrk P.U. No. Driver David	1			Calcium			
JOB SERVICES &		RKS		Hulls			
Remarks: 1575 - 50 5k	-			Salt			
Rat Hole 900- 100 51				Flowseal 7	5th		
Mouse Hole 260- 75 5				Kol-Seal			
Centralizers 40'- 15 SX			Mud CLR 48				
Baskets Recthole - 30 5x			CFL-117 or C	D110 CAE 38			
DN or Port Collar Mousehold		5 sr		Sand			
	<u> </u>			Handling 99	3		
Cement Did	C.	naulate		Mileage			
		- MIGTE	~	Milouge	FLOAT EQUIPMI	=NT	<u></u>
	1.	·		Guide Shoe	LOAT EGOIT MI		
1	R	ł		Centralizer			
110	av.			Baskets			
111-	wk			AFU Inserts	and the second		
				Float Shoe			
		-	1112	Latch Down			
	Santi Santi			10 3	$\mathcal{S}_{\mathcal{A}} = \left(\begin{array}{c} \mathcal{O}_{\mathcal{A}} \\ \mathcal{O}_{\mathcal{A}} \end{array} \right) \left(\begin{array}{c} \mathcal{O}_{\mathcal{A}} \\ \mathcalO_{\mathcal{A}} \end{array} \right) \left(\begin{array}{c} \mathcal{O}_{\mathcal{A}} \\ \mathcalO_{\mathcalO}_{\mathcalO} \end{array} \right) \left(\begin{array}{c} \mathcalO_{\mathcalO} \end{array} \right) \left(\begin{array}{c} \mathcalO_{\mathcalO}_{\mathcalO} \end{array} \right) \left(\begin{array}{c} \mathcalO_{\mathcalO} \end{array} \right) \left(\begin{array}{c} \mathcalO_{$	0 i	
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X Signature	2/1	17				Discount	
Signature	ym					Total Charge	