

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
Cell 785-324-1041

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

No. 1775

Date	3/9/20	Sec.	10	Twp.	11	Range	18 W	County	Ellis	State	Kansas	On Location		Finish	1:15 PM
Location															

Lease	Maistrell	Well No.		Owner	To Quality Oilwell Cementing, Inc.
Contractor	GPS = Global Pulling Service Rig				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					
Hole Size		T.D.		Charge To	Reddig Enterprises Inc.
Csg.	4 1/2	Depth		Street	
Tbg. Size	2 3/8	Depth	3000'	City	
Tool		Depth		State	
Cement Left in Csg.		Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.	
Meas Line		Displace		Cement Amount Ordered	350 60/40 40% Gel
					700# Hulls

EQUIPMENT

Pumptrk	17	No.	Cementer		Common
			Helper	Tony	
Bulktrk	13	No.	Driver		Poz. Mix
			Driver	David	
Bulktrk	P.U.	No.	Driver		Gel.
			Driver	David	
					Calcium

JOB SERVICES & REMARKS

Remarks:		Hulls
Rat Hole		Salt
Mouse Hole		Flowseal
Centralizers		Kol-Seal
Baskets		Mud CLR 48
D/V or Port Collar		CFL-117 or CD110 CAF 38
	3000' mixed 100 SKS 400 hulls	Sand
		Handling
	2050' mixed 100 SKS 200 Hulls	Mileage

FLOAT EQUIPMENT

	650' mixed 50 SKS to Circulate	Guide Shoe
		Centralizer
		Baskets
	Put Swedge on 8" Mix 75 SKS	AFU Inserts
	Pressure up to 300 lbs	Float Shoe
		Latch Down
	Hook up Backside mix 10 SKS	
	Pressure up to 300 lbs	
	Mix 10 SKS and TOP OFF	Pumptrk Charge
		Mileage
	Cement did Circulate.	
		Tax

