

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. 1777

Date	3/31/2020	Sec.	36	Twp.	6	Range	23w	County	Graham	State	Kansas	On Location		Finish	1:55pm																																
								Location								Hillcity N 8miles to Rd Y 1/2 E Ninto																															
Lease	Law								Well No.	36-1								Owner	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.																												
Contractor	Chitos																																														
Type Job	plug																																														
Hole Size									T.D.									Charge To	H+C Oil																												
Csg.	5 1/2								Depth									Street																													
Tbg. Size	2 3/8								Depth	3483								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	325 60/40 4% gel																												
Meas Line									Displace									12 gel 200# Hulls																													
EQUIPMENT																Common																															
Pumptrk	20		No.	Cementer		Nick										Poz. Mix																															
Bulktrk	9		No.	Driver		Tom										Gel.																															
Bulktrk	P.U.		No.	Driver		David										Calcium																															
JOB SERVICES & REMARKS																Hulls																															
Remarks:																	Salt																														
Rat Hole																	Flowseal																														
Mouse Hole																	Kol-Seal																														
Centralizers																	Mud CLR 48																														
Baskets																	CFL-117 or CD110 CAF 38																														
D/V or Port Collar																	Sand																														
																Handling																															
34.83' - mixed 12 gel followed by 50 sks with 200# Hulls																Mileage																															
																FLOAT EQUIPMENT																															
2049' Mixed 225 sks and Circulated Cement																Guide Shoe																															
Topped off with 35 sks																Centralizer																															
pressured up backside to 200 psi and it hold																Baskets																															
																AFU Inserts																															
																Float Shoe																															
																Latch Down																															
Cement Did Circulate																Pumptrk Charge																															
																Mileage																															
X Signature <u>Bob Monte</u>																																Tax															
																																Discount															
																																Total Charge															