

**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

Form	CP4 - Well Plugging Record
Operator	Advantage Resources, Inc.
Well Name	KELLER MCELWAIN 1
Doc ID	1520702

Producing Formations

Formation	Top	Bottom	Total Depth
Mississippian	4790	4794	4780
Mississippian	4746	4754	
Mississippian	4734	4742	
Pawnee	4646	4652	
Lansing A	4170	4174	

# QUALITY WELL SERVICE, INC.

7434

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	5-7-20	Sec.	6	Twp.	28	Range	17	County	Nowata	State	KS	On Location		Finish	
Lease	K-1111111111			Well No.	1			Location							
Contractor	Quality Well Service								Owner						
Type Job	PTA								To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.						
Hole Size									T.D.						
Csg. 4-5									Depth						
Tbg. Size									Depth						
Tool									Depth						
Cement Left in Csg.									Shoe Joint						
Meas Line									Displace						
EQUIPMENT								Charge To Advantage Resources							
Pumptrk 8	No.							Common 140							
Bulktrk 15	No.							Poz. Mix 90							
Bulktrk	No.							Gel. 2000#							
Pickup	No.							Calcium 100#							
JOB SERVICES & REMARKS								Hulls 400#							
Rat Hole								Salt							
Mouse Hole								Flowseal							
Centralizers								Kol-Seal							
Baskets								Mud CLR 48							
D/V or Port Collar 5-7-20								CFL-117 or CD110 CAF 38							
1st Pumped 12-1/2 gal 505x 10/40 4-2								Sand							
505x 60/40 4-2 gal 2000# cement								Handling 260							
2nd off Port Pumped 505x 60/40 4-2 gal 2000# cement								Mileage 30							
305x 60/40 4-2 gal 2000# cement								FLOAT EQUIPMENT							
with 55 gal 11-1/2 to 3500' shut in								Guide Shoe							
1200 psi								Centralizer							
5-8-20								Baskets							
1st Pumped 12-1/2 gal 505x 10/40 4-2								AFU Inserts							
6-1 29 cc @ 1110								Float Shoe							
								Latch Down							
2nd Pumped 505x 60/40 4-2 gal @ 510								LMV 30							
								Service Supplied							
								Pumptrk Charge PTA							
3rd Pumped 405x 60/40 4-2 gal @ 40' to surface. Tapped with off with 105x 60/40 4-2 gal								Mileage 60							
Signature								Tax							
								Discount							
								Total Charge							