

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

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

No. 2330

Cell 785-324-1041

7-19-21

Date	7-18-21	Sec.	29	Twp.	9	Range	18	County	Rooks	State	Ks	On Location		Finish	1:00 AM
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Lease Marcotte Van Dyke Unit Location P.ville 2W 2N

Well No. 1 Owner To Quality Oilwell Cementing, Inc.

Contractor Discovery # 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 PTA Charge To Meridian Energy Inc.

Hole Size 7 7/8 T.D. 3605 Street

Csg. Depth City State

Tbg. Size Depth

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. Shoe Joint Cement Amount Ordered 305 60/40 4% Gel

Meas Line Displace 470 Seal

EQUIPMENT

Pumptrk	No.	Cementer Helper	<u>Bill</u>	Common	<u>183</u>
Bulktrk	5	Driver	<u>Chris</u>	Poz. Mix	<u>122</u>
Bulktrk		Driver	<u>Doug</u>	Gel.	<u>11</u>
		Driver		Calcium	

JOB SERVICES & REMARKS

Remarks: Halls

Rat Hole 30 sbr Salt

Mouse Hole 15 sbr Flowseal 75 #

Centralizers Kol-Seal

Baskets Mud CLR 48

D/V or Port Collar CFL-117 or CD110 CAF 38

Sand

3500 w/ 50 sbr Handling 316

1525 w/ 50 sbr Mileage

975 w/ 100 sbr

275 w/ 50 sbr **FLOAT EQUIPMENT**

10 sbr e 40' Guide Shoe

Centralizer

Baskets

30 sbr M/H AFU Inserts

15 sbr R/H Float Shoe

Latch Down

Woodplug - 1

Pumptrk Charge plug

Mileage 29

X Signature [Signature]

Thanks

Tax	
Discount	
Total Charge	