

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. 2312

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-3-21	11	13	26	Gove	Ks		2:15 PM

Location Colyer 55 3W 151W

Lease	Well No.	Owner	
<u>T WERTH</u>	<u>1-11</u>	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		Charge To	
<u>W & W</u>		<u>Phillips Exp. Co.</u>	
Type Job	T.D.	Street	
<u>SURFACE</u>			
Hole Size	Depth	City	
<u>12 1/4</u>		State	
Csg.	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
<u>8 3/8</u>			
Tbg. Size	Depth	Cement Amount Ordered	
		<u>150 89/20 3-2</u>	
Cement Left in Csg.	Shoe Joint		
<u>15</u>			
Meas Line	Displace		
	<u>12 1/4</u>		

EQUIPMENT

Pumptrk	No.	Cementer	Common
<u>16</u>		<u>Bill</u>	<u>120</u>
		Helper	Poz. Mix
			<u>30</u>
Bulktrk	No.	Driver	Gel.
		<u>David</u>	<u>3</u>
Bulktrk	No.	Driver	Calcium
<u>9</u>		<u>Tony</u>	<u>6</u>

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
<u>Ran 5 gts of 8 3/8 net e 208</u>	Sand
<u>Cent w/ 150ft</u>	Handling
<u>pump plug w/ 12 1/4 bbls</u>	<u>159</u>
<u>Cent did circ</u>	Mileage

FLOAT EQUIPMENT

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down

Thanks

Pumptrk Charge	<u>Surface</u>
Mileage	<u>47</u>

X Signature AWI

Thanks

Tax
Discount
Total Charge

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. 2318

Date	7-9-21	Sec.	11	Twp.	13	Range	26	County	Gove	State	Ks	On Location	Finish	8:30 Am
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Location 55 3w 1s 1w Collyer

Lease	T. Werth	Well No.	1-11	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	MURKIN 102				
Type Job	PTA				
Hole Size	7 7/8	T.D.	4403	Charge To	Philips Expl.
Csg.		Depth		Street	
Tbg. Size	4 1/2	Depth		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	240x 60/40 4% Gel
Meas Line		Displace			1/4" Flowseal

EQUIPMENT

Pumptrk	No.	Cementor	Bill	Common	144
		Helper		Poz. Mix	96
Bulktrk	No.	Driver	David	Gel.	9
Bulktrk	No.	Driver	TONY	Calcium	

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal 60#
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling 249
	Mileage

FLOAT EQUIPMENT

2075	500#	Guide Shoe
1075	1000#	Centralizer
275	500#	Baskets
40	100#	AFU Inserts
R.H	300#	Float Shoe
		Latch Down
		8 1/2 wood Plug
		Pumptrk Charge Plug
		Mileage 47

X Signature		Tax	
	Thanks	Discount	
		Total Charge	