

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. 2342

Date	7-27-21	Sec.	Twp.	Range	County	State	On Location	Finish
					Rooks	Ks		2:00 pm

Location Zurich 1 1/2 W 15

Lease	ALLphin	Well No.	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	WESTERN			Charge To	Production DRG.
Type Job	PTA			Street	
Hole Size		T.D.		City	State
Csg.	5 1/2	Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tbg. Size	2 3/8	Depth		Cement Amount Ordered	300# 60/40-4
Tool		Depth		Meas Line	Displace
Cement Left in Csg.		Shoe Joint		1 1/2 gal 300# Hulls	

EQUIPMENT

Pumptrk	17	No.	Cementer	R. H	Common	150
			Helper		Poz. Mix	100
Bulktrk		No.	Driver	Craig	Gal.	24
			Driver		Calcium	
Bulktrk	19	No.	Driver	Doug	Hulls	300# (6)
			Driver		Salt	

JOB SERVICES & REMARKS

Remarks:		Flowseal	
Rat Hole		Kol-Seal	
Mouse Hole		Mud CLR 48	
Centralizers		CFL-117 or CD110 CAF 38	
Baskets		Sand	
D/V or Port Collar		Handling	300
3697 spot 1 1/2 gal		Mileage	
Follow w/ 50# cement 200# Hulls			
1762 170# 100# Hulls			

FLOAT EQUIPMENT

TOP off 30.00		Guide Shoe	
		Centralizer	
		Baskets	
		AFU Inserts	
		Float Shoe	
		Latch Down	
Used 250#			
1 1/2 gal			
300# Hulls			

Pumptrk Charge plug
Mileage 35
Thanks

X Signature	Tax	
	Discount	
	Total Charge	