

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. 2421

Cell 785-324-1041

Date	8-31-21	Sec'y	TPR	Range	21	County	Graham	State	KS	On Location		Finish	Good
						Location	Rice	GN 2E 2N					

Lease ~~Woranglen~~ Well No. 1-24 Owner _____

Contractor Discoveny
 Type Job RTA
 Hole Size 2 7/8 T.D. 3875
 Csg. _____ Depth _____ Street _____
 Tbg. Size _____ Depth _____ City _____ State _____
 Tool _____ Depth _____

Cement Left in Csg. _____ Shoe Joint _____
 Meas Line _____ Displace _____

EQUIPMENT		Common	183
Pumptrk	No. 5 Cementer Helper <u>Chris</u> Driver <u>Bill</u>	Poz. Mix	122
Bulktrk	No. _____ Driver _____	Gal.	11
Bulktrk	No. 19 Driver <u>Doug</u>	Calcium	
JOB SERVICES & REMARKS		Hulls	

Remarks: _____
 Rat Hole 30 Salt _____
 Mouse Hole 15 Flowseal 25#
 Centralizers _____ Kol-Seal _____
 Baskets _____ Mud CLR 48 _____
 CFL-117 or CD110 CAF 38 _____
 DV or Port Collar _____ Sand _____

3800 - 5000	Handling	316	
1700 - 5000	Mileage		
900 - 1000	FLOAT EQUIPMENT		
350 - 500	Guide Shoe		
40' - 1000	Centralizer		
Baskets			
AFU Inserts			
Float Shoe			
Latch Down			

1-83 Plug			
Pumptrk Charge			
Mileage 30	Plug		
Tax			
Discount			
Total Charge			

Signature [Handwritten Signature] Thanks