

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. 2958

Date	2-1-22	Sec.	18	Twp.	20	Range	15	County	Barton	State	KS	On Location		Finish	12:30 PM
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Lease **Deckert** Well No. **5-18** Location **Mennonite church - 2 1/2 W, 515**

Contractor **Professional Pulling Service** Owner **To Quality Oilwell Cementing, Inc.**
 Type Job **plug** 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. _____ Charge To **Charter Energy**
 Csg. **5 1/2"** Depth _____ Street _____
 Tbg. Size **2 7/8"** Depth **3300'** City _____ State _____
 Tool _____ Depth _____

Cement Left in Csg. _____ Shoe Joint _____
 Meas Line _____ Displace **H2O** Cement Amount Ordered **450 60/40 40/60 gel**
500# Hulls - 1400# Gel

EQUIPMENT

Pumptrk	17	No.	Cementer		Common	216
			Helper	Craig	Poz. Mix	144
Bulktrk	19	No.	Driver	Jordan Clayton	Gel.	27
Bulktrk	pin.	No.	Driver	Rick	Calcium	

JOB SERVICES & REMARKS

Remarks: **3300' - 145x gel 1400# gel**
 Rat Hole **60 5x 200# Hulls**
 Mouse Hole _____
 Centralizers **1500' - 100 5x 100# Hulls**
 Baskets _____
 D/V or Port Collar **500' - Circulate Cement to surface w/ 125 5x Cement**
PTOH + put on 5 1/2" Swage + Circulate Cement to surface w/ 75 5x Cement
Cement did Circulate
used 360 sk 14 gal 300# Hulls

FLOAT EQUIPMENT

Guide Shoe _____
 Centralizer _____
 Baskets _____
 AFU Inserts _____
 Float Shoe _____
 Latch Down _____

Pumptrk Charge _____
 Mileage **15 (min)** **plug**
 Tax _____
 Discount _____
 Total Charge _____

X Signature 

Thanks

