

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

Charles N Griffin
Griffin Management LLC
Mills 2 P&A

2/25/22

RU Allaince well 30#.
RU Log Tech. Set CIBP at 4300'
Placed 2 sks cement on top of CIBP
Pull casing out of slip and worked casing
Log tech try to cut casing at 3020'
Casing wasn't free. Made another cut at 2764'
Freed casing. Laid down 48 jts. Shut down for
night.

2/28/22

Finished laying down casing. Laid down 68 jts (66
good) PU 19 jts. (602'). RU Quality Cement
Pumped 10 sks gel and 50 sks cement at 602'
Laid down 9 jts (310').
Pumped 50 sks cement at 310'. Laid down 8 jts
(64') Pumped 30 sks cement from 64' to surface.
Good cement returns
Final report. RD AWS

QUALITY WELL SERVICE, INC.

7898

Federal Tax I.D. # 481187368
 Home Office 30060 N. Hwy 281, Pratt, KS 67124
 Mailing Address P.O. Box 468

Rich's Cell 620-727-3409
 Brady's Cell 620-727-6964

Office 620-727-3410
 Fax 620-672-3663

Date	2-29-22	Sec.	9	Twp.	31S	Range	14W	County	Barber	State	Ks	On Location		Finish		
Lease	Mills	Well No.	2		Location Lake City, Ks 1.7 W N.W into											
Contractor	Alliance Well Service Inc											Owner	To Quality Well Service, Inc. 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	Gaffin		
Hole Size	7 7/8												Street			
Csg.													City	State		
Tbg. Size	2 7/8												The above was done to satisfaction and supervision of owner agent or contractor.			
Tool													Cement Amount Ordered	155 5 60/40 4% GEL		
Cement Left in Csg.													Dx Gel 2 x CC on side used 155			
Meas Line													Common	78 x		

EQUIPMENT

Pumptrk	3	No.		Common	78 x
Bulktrk	7	No.		Poz. Mix	52 x
Bulktrk		No.		Gel.	1000 1447 = 1447
Pickup		No.		Calcium	100'

JOB SERVICES & REMARKS

Rat Hole		Hulls	
Mouse Hole		Salt	
Centralizers		Flowseal	
Baskets	CIBP @ 4300' Ct off 3000'	Kol-Seal	
D/V or Port Collar		Mud CLR 48	
PT PLUG @ 602'		CFL-117 or CD110 CAF 38	
Dx GEL		Sand	
50 x 60/40 4% GEL w/CC		Handling	147
		Mileage	30 / 4410

FLOAT EQUIPMENT

DISP		Guide Shoe	
2nd PLUG @ 310'		Centralizer	
50 x 60/40 4% GEL w/CC		Baskets	
DISP		AFU Inserts	
3rd PLUG @ 62'		Float Shoe	
30 x 60/40 4% GEL w/CC		Latch Down	
CAE CMT TO RT			

Thank you
 PLEASE CALL AGAIN

SERVICE SPI / EA
 LMV 3)

Pumptrk Charge PTA
 Mileage 60

Don Mike Nathan
 Signature

Tax
 Discount
 Total Charge