

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

Griffin Management LLC
Charles N Griffin

Woods 1-5

3/9/22

Spot in AWS 30

3/10/22

Too windy to rig up

3/11/22

RU AWS. Laid down 175 $\frac{3}{4}$ " rods and 139 jts
2 $\frac{3}{8}$ " tubing. SDFN

3/14/22

RU Excel Wireline. Set CIBP at 4440'. Placed 2
sks cement. Dumped 30 bbls salt water. Cut
casing at 1500'. Laid down 35 jts 4 $\frac{1}{2}$ "

Rig over to tubing equipment PU 32 jts 2 $\frac{3}{8}$ "
tubing. Shut down

3/15/22

RU Quality and pumped 10 sks gel and 50 sks cement 60/40 posmix at 1018'. Lay down 17 jts and pumped 50 sks cement at 483'. Laid down 13 jts and pump 35 sks cement at 63' to surface.

RD AWS

QUALITY WELL SERVICE, INC.

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

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

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

Date	3-15-22	Sec.	5	Twp.	26S	Range	16W	County	Edwards	State	Ks	On Location	Finish
Lease	Woods	Well No.	1-5		Location Highland, Ks 12.5 N E into								
Contractor	Alliance Well Service							Owner					
Type Job	PTA							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					
Hole Size	7 7/8		T.D.										
Csg.	4 1/2		Depth										
Tbg. Size			Depth										
Tool			Depth										
Cement Left in Csg.			Shoe Joint										
Meas Line			Displace										
Cement Amount Ordered										145 4 60/40 4 1/2			

EQUIPMENT

Pumptrk	3	No.		Common	3/50
Bulktrk	7	No.		Poz. Mix	3450
Bulktrk		No.		Gel.	1464"
Pickup		No.		Calcium	100'

JOB SERVICES & REMARKS

Rat Hole		Hulls	
Mouse Hole		Salt	
Centralizers		Flowseal	
Baskets	CIB 04400 60' OFF 150'	Kol-Seal	
D/V or Port Collar		Mud CLR 48	
1" PLOG D 1219'		CFL-117 or CD110 CAF 38	
104 GEL		Sand	
50 sc 60/40 4 1/2 GEL w/ 1 sc CL		Handling	152
DISP		Mileage	30 / 4560
21" PLOG D 433'		FLOAT EQUIPMENT	
50 sc 60/40 4 1/2 GEL w/ 1 sc CL		Guide Shoe	
DISP		Centralizer	
28" PLOG D 63'		Baskets	
36 sc 60/40 4 1/2 GEL		AFU Inserts	
CIRC CAT TO PIT		Float Shoe	
		Latch Down	
		SERVICE SUP 1 EA	
		LMV 30	
		Pumptrk Charge	PTA
		Mileage	60

THANK YOU
 PLEASE CALL AGAIN
 TERRY WILKINSON
 Signature:

Tax
 Discount
 Total Charge