

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.

(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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. **2736**

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
3-21-22	12	16	31	Ellis	KS		2:15pm

Lease	Well No.	Owner
KERN Unit	31-1	To Quality Oilwell Cementing, Inc.

Contractor	Type Job	Charge To
Western	PTA	F. A. operating

Hole Size	T.D.	Street
5 1/2		

Csg.	Depth	City	State
2 3/8			

Tbg. Size	Depth	City	State
2 3/8			

Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg.	Shoe Joint	Cement Amount Ordered
		735 # 6/4/40-4

Meas Line	Displace	1000# Gel	Hulls

EQUIPMENT				Common
Pumptrk	No.	Cementer	Bill	380

	No.	Helper		Poz. Mix
	No.	Driver	Rick	255

Bulktrk	No.	Driver		Gel
Bulktrk	No.	Driver	Jordan	32

Bulktrk	No.	Driver	Jordan	Clayton	Calcium

JOB SERVICES & REMARKS						Hulls
Remarks:						800 # (16)

Rat Hole	Flowseal

Mouse Hole	Kol-Seal

Centralizers	Mud CLR 48

Baskets	CFL-117 or CD110 CAF 38

D/V or Port Collar	Sand

3250 - 1000# Gel 50% Percent	Handling
	735

1650 - 400# 300# Hulls	Mileage

1150	1160	30 # " "	Mileage	
			FLOAT EQUIPMENT	

Top off 30#	Centralizer

BACK side 10#	Baskets

Used 635 # 2.6 4%	AFU Inserts

104 Gel	Float Shoe

800 # Hulls	Latch Down

	Pumptrk Charge

	Mileage
	17

X Signature Tom Beren

Thanks

Tax
Discount
Total Charge