KOLAR Document ID: 1636578

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 #:			 AP	Pl No. 1	5					
Name:					Spot Description:					
Address 1:					Sec Twp S. R East West					
Address 2:					Feet from North / South Line of Section					
City:	State:	Zip: +	_	Feet from East / West Line of Section						
Contact Person:			Fo	Footages Calculated from Nearest Outside Section Corner:						
Phone: ()				NE NW SE SW						
Type of Well: (Check one)		OG D&A Cathodic	Co	County: Well #: Date Well Completed:						
ENHR Permit #:	Gas Sto	rage Permit #:								
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes	I I	The plugging proposal was approved on: (Date)						
Producing Formation(s): List A	II (If needed attach another	sheet)	by:	by: (KCC District Agent's Name) Plugging Commenced:						
Depth to	Top: Botton	m: T.D	_{Pli}							
Depth to	Top: Botto	m: T.D		Plugging Commenced:						
Depth to	Top: Botto	m:T.D		agging '	Completed.					
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
cement or other plugs were us		•	•			ds used in introducing it into the hole. If				
Plugging Contractor License #		Name:	:							
Address 1:			Address 2:							
City:				ate:		Zip:+				
Phone: ()										
Name of Party Responsible for	r Plugging Fees:									
State of	County, _		, s	is.						
					Employee of Operator or Operator on above-described well,					
(Print Name)					ipioyee of Operator of	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.

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. 2736

u to the job and/or mer-	Sec. Tw			County	State	On Location	Finish				
Date 3-21-22	12 1	6 3/	٤/,	Authoritation and a final	······································	1 L=18/80 = 4 3 = 5	2:15Pm				
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Lease KRN9 Unit Well No. 31-1				Owner To Quality Oilwell Cementing, Inc.							
Contractor Wester N			453 400	You are hereby requested to rent cementing equipment and furnish							
Type Joby H				cementer and helper to assist owner or contractor to do work as listed. Charge							
Hole Size T.D.				To + A. Operating							
Csg. Depth Depth Depth			ne ad lis	Street: grilliavors of padrocond and amelian of gridliana your parts							
Tbg. Size Depth			90:14 - 1	City State							
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