

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. 2743

Date	3-25-22	Sec.	13	Twp.	13	Range	19	County	Ellis	State	KS	On Location		Finish	11:30 Am
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Location 2W HAYS

Lease	BRUII	Well No.	1	Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Contractor	EXPRESS				Charge To	T DI
Type Job	PTA					
Hole Size		T.D.				
Csg. S2		Depth		Street		
Tbg. Size 23		Depth		City	State	
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.		
Cement Left in Csg.		Shoe Joint		Cement Amount Ordered 300 4/6/40 -4		

Meas Line		Displace		1100# Gel 500# Hulls	
EQUIPMENT				Common	155
Pumptrk 17	No.	Cementer Helper	B. V.	Poz. Mix	105
Bulktrk	No.	Driver	RICK	Gel.	20
Bulktrk 19	No.	Driver	Doug	Calcium	

JOB SERVICES & REMARKS				Hulls	500 # (10)
Remarks:				Salt	
Rat Hole				Flowseal	
Mouse Hole				Kol-Seal	
Centralizers				Mud CLR 48	
Baskets				CFL-117 or CD110 CAF 38	
D/V or Port Collar				Sand	
3585	1100# Gel 500# w/250# Hulls			Handling	300
1890	175# Circ. Cent 250# Hulls			Mileage	

FLOAT EQUIPMENT			
Guide Shoe			
Centralizer			
Baskets			
AFU Inserts			
Float Shoe			
Latch Down			
Top off 30 SBV			
BACK side 5 SBV			
Used 260 SBV			
500# Hulls			
1900# Gel			

Pumptrk Charge				
Mileage 15 (min) Plug				
Thanks				
Signature				Tax
				Discount
				Total Charge