

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. 2755

Date	4-7-22	Sec.	Twp.	Range	County	State	On Location	Finish
					Phillips	Ks		
					Location Glade 3 ¹ / ₂ W N1/4			

Lease	E JACKSON	Well No.	1	Owner	Glade 3 ¹ / ₂ W N1/4
Contractor	C-B	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.			
Type Job	PTA	Charge To R.P. Nixon			
Hole Size		T.D.		Street	
Csg.	4 ¹ / ₂	Depth		City	State
Tbg. Size	2 ³ / ₈	Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tool		Depth		Cement Amount Ordered 32.50/60/40 4% 60	
Cement Left in Csg.		Shoe Joint		500# Hulls	

EQUIPMENT				Common
Pumptrk	17	No.	Cementor Helper	147
			Driver	Poz. Mix 98
Bulktrk		No.	Driver	Gel. 9
Bulktrk	21	No.	Driver	Calcium
			Driver	Hulls 500# (10)

JOB SERVICES & REMARKS		
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
3100 - 75ft 200# Hulls		Handling 325
2000 - 75ft 200# Hulls		Mileage
1900 - Ciec 65sk 100# Hulls		

FLOAT EQUIPMENT	
Top off 15sk	Guide Shoe
Backside 15sk 200#	Centralizer
Used 245sk 500# Hulls	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Pumptrk Charge	plug	Tax
Mileage	57	Discount
<p style="text-align: center; font-size: 2em;">Thanks</p>		Total Charge

X Signature *Bruce F. Allen*