

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.# 28-2886107

Phone 785-483-1071
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67105

No. 2905

Date	6-25-22	Sec.	11	Twp.	14	Range	14	County	Russell	State	Ks	On Location		Finish	12:00 PM
Lease	Leo Boxberger														
Well No.	#4														
Contractor	S+C Well Service														
Type Job	Plug														
Hole Size	7"														
Ceg.	2 3/8"														
Tbg. Size	2 3/8"														
Tool															
Cement Left in Ceg.															
Mass Line															
<p>EQUIPMENT</p> <p>Pumptrk 18 No. Cementer/Helper Dave Pick</p> <p>Bulktrk 19 No. Driver/Driver</p> <p>Bulktrk 12 No. Driver/Driver Clayton Pick</p>															
<p>JOB SERVICES & REMARKS</p> <p>Remarks: 2958' - 1300# Gel</p> <p>Part Hole 100 500 200 # Hulls</p> <p>Mouse Hole</p> <p>Centralizers 1450' - 125 SX 200 # Hulls</p> <p>Baskets</p> <p>D/V or Port Collar 730' - Circulate Cement on 7" + 10 3/4" w/ 160 SX to Surface</p> <p>PTOH - Top 7" w/ 15 #</p> <p>Cement dit Circulate</p> <p>Used 400 sk 13 gal 500 # Hulls</p>															
<p>COMMON</p> <p>Pos. Mix 240</p> <p>Gel 24</p> <p>Calcium</p> <p>Hulls 500# (10)</p> <p>Salt</p> <p>Flowseal # 800'</p> <p>Kol-Seal 1425'</p> <p>Mud CLR 48</p> <p>CFL-117 & CD110 CAF 38</p> <p>Sand</p> <p>Handling 400</p> <p>Misc</p>															
<p>FLOAT EQUIPMENT</p> <p>Guide Shoe</p> <p>Centralizer</p> <p>Baskets</p> <p>AFU Inserts</p> <p>Float Shoe</p> <p>Latch Down</p>															
Pumptrk Charge	Plug														
Mileage	15 (min)														
<p>Thanks</p>															
Tax															
Discount															
Total Charge															