

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. 3108

| | | | | | | | | |
|-----------------------------------|------------|----------|--|-------|--|-------|-------------|--------|
| Date | 2-19-22 | Sec. | Twp. | Range | County | State | On Location | Finish |
| | | | | | Rocks | Ks | | |
| Location | | | | | Pulle 5 to BBRD 1/2 E N IN | | | |
| Lease | Shepard | Well No. | A-1 | | Owner | | | |
| Contractor | | | | | To Quality Oilwell Cementing, Inc. | | | |
| Type Job | PTA | | | | You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. | | | |
| Hole Size | T.D. | | Charge To | | GORE Oil Co | | | |
| Csg. 4 1/2 | Depth | | Street | | | | | |
| Tbg. Size 2 3/4 | 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 | | 350A/69/40 | | | |
| Meas Line | Displace | | 600# Hulls | | | | | |
| EQUIPMENT | | | | | Common 170 | | | |
| Pumptrk 17 | No. | Cementer | Bill | | Poz. Mix 115 | | | |
| | | Helper | | | Gel. 10 | | | |
| Bulktrk | No. | Driver | Nick | | Calcium | | | |
| | | Driver | | | Hulls 600# (12) | | | |
| Bulktrk 21 | No. | Driver | Robert | | Salt | | | |
| | | Driver | | | Flowseal | | | |
| JOB SERVICES & REMARKS | | | | | Kol-Seal | | | |
| Remarks: | | | | | Mud CLR 48 | | | |
| Rat Hole | | | | | CFL-117 or CD110 CAF 38 | | | |
| Mouse Hole | | | | | Sand | | | |
| Centralizers | | | | | Handling 350 | | | |
| Baskets | | | | | Mileage | | | |
| D/V or Port Collar | | | | | FLOAT EQUIPMENT | | | |
| 3653 100A 400 Hulls | | | | | Guide Shoe | | | |
| 2426 100A 100 Hulls | | | | | Centralizer | | | |
| 970 70A 100 Hulls | | | | | Baskets | | | |
| Top off 15A | | | | | AFU Inserts | | | |
| BACKSIDE none | | | | | Float Shoe | | | |
| Used 285A | | | | | Latch Down | | | |
| 600# Hulls | | | | | | | | |
| Pumptrk Charge | | | | | plug | | | |
| Mileage | | | | | 22 | | | |
| Signature | | | | | THANKS | | | |
| | | | | | Tax | | | |
| | | | | | Discount | | | |
| | | | | | Total Charge | | | |