

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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.

PO Box 32 - 740 West Wichita Ave, Russell KS 67665
 Phone: 785-324-1041 fax: 785-483-1087
 Email: cementing@ruraltel.net

Date: 10/12/2022
 Invoice # ~~1800~~ 3150

P.O.#:

Due Date: 11/11/2022

Division: Russell

Invoice

Contact:

Mai Oil Operations

Address/Job Location:

8411 Preston Rd. Ste 800
 Dallas TX 75225-5520

Reference:

CARMICHEL D 4

Description of Work:

PLUG JOB

Services / Items Included:

	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 869.52	Yes				
Common-Class A	153	\$ 3,071.67	Yes				
POZ Mix-Standard	102	\$ 695.85	Yes				
Premium Gel (Bentonite)	21	\$ 593.52	Yes				
Cottonseed Hulls	10	\$ 328.43	Yes				
Bulk Truck Matl-Material Service Charge	310	\$ 302.12	Yes				
Pump Truck Mileage-Job to Nearest Camp	19	\$ 83.33	Yes				
Bulk Truck Mileage-Job to Nearest Bulk Plant	19	\$ 64.81	Yes				

Invoice Terms:

Net 30

	SubTotal:	\$	6,009.24
	Discount Available <u>ONLY</u> if Invoice is Paid & Received within listed terms of invoice:	\$	(150.23)
<hr/>			
	SubTotal for Taxable Items:	\$	5,859.01
	SubTotal for Non-Taxable Items:	\$	-
<hr/>			

7.00% Ellis County Sales Tax

	Total:	\$	5,859.01
	Tax:	\$	410.13
	Amount Due:	\$	6,269.14
	Applied Payments:		
	Balance Due:	\$	6,269.14

Thank You For Your Business!

Past Due Invoices are subject to a service charge (annual rate of 24%)

This does not include any applicable taxes unless it is listed.

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