

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. 2913

Date	7-7-22	Sec.	8	Twp.	20	Range	10	County	Rice	State	Ks	On Location		Finish	2:45 PM
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Lease **Big Red** Location **Ellimwood E to 2nd Rd, 25, 1/2**
Well No. **9** Owner **Minto**

Contractor **G+L Well Service**
Type Job **Plug**
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.

Hole Size _____ T.D. _____ Charge To **Gilbert + Stewart**
Csg. **5 1/2"** Depth _____ Street _____

Tbg. Size **2 7/8"** Depth **1300'** City _____ State _____
Tool _____ Depth _____

Cement Left in Csg. _____ Shoe Joint _____ The above was done to satisfaction and supervision of owner agent or contractor.
Cement Amount Ordered **225 60/40 4% Gel**

Meas Line _____ Displace **H2O** **85x CC + 100 # Hulls on side**
Common **126**

EQUIPMENT			
Pumptrk	17	No.	Cementer Helper David
Bulktrk	1	No.	Driver Ross
Bulktrk	P.M.	No.	Driver Rick

Job Services & Remarks
Remarks: **Perfs @ 1300', 900', 325'**
Hulls **50 # (1)**

Rat Hole _____ Flowseal _____
Mouse Hole _____ Kol-Seal _____

Centralizers **50 sx w/ 4% CC @ 1300'** Mud CLR 48
Baskets **Dumped 50 sx w/ 4% CC + 50 #** CFL-117 or CD110 CAF 38

D/V or Port Collar **Hulls @ 1300' again** Sand _____
Handling **225**

Tagged Cement @ 125' Mileage _____

FLOAT EQUIPMENT	
Put on Sewage & pumped 100 sx	Guide Shoe
Cement to circulate cement to surface up 8 5/8"	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Top off w/ 10 sx

used 210 sx 60/40 4% gel

50 # Hulls

+ 85x CC

Pumptrk Charge _____ **plug**
Mileage **23**

Signature **[Signature]** Tax _____
Discount _____

Total Charge _____
Thanks