

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. 3305

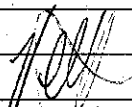
Date	11-29-22	Sec.	9	Twp.	11	Range	22	County	Trego	State	KS	On Location		Finish	
								Location							
								Ogallah 3N 3W 5N 3E							

Lease	PATTERSON	Well No.		Owner	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.
Contractor	ACC				
Type Job	PTA				
Hole Size		T.D.		Charge To	Cholla Prod. LLC
Csg.	5 1/2	Depth		Street	
Tbg. Size	2 3/8	Depth		City	
Tool		Depth		State	
Cement Left in Csg.		Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.	
Meas Line		Displace		Cement Amount Ordered	360 # 164/40-4

EQUIPMENT			Common	170
Pumptrk	17	No. Cementer Helper	Poz. Mix	110
Bulktrk		No. Driver	Gel.	22
Bulktrk	19	No. Driver	Calcium	
			Hulls	500# (10)

JOB SERVICES & REMARKS		Salt	
Remarks:		Flowseal	
Rat Hole		Kol-Seal	
Mouse Hole		Mud CLR 48	
Centralizers		CFL-117 or CD110 CAF 38	
Baskets		Sand	
D/V or Port Collar		Handling	360
3700	1200# Gel 30% cent w/ 200# Hulls	Mileage	
2300	100# w/ 200# Hulls		

FLOAT EQUIPMENT		Guide Shoe	
1350	130# w/ 100# Hulls	Centralizer	
	CIRC Cent	Baskets	
	Back side SA 300#	AFU Inserts	
	Top off 1.5#	Float Shoe	
	Used 280#	Latch Down	
	280 Cent		
	1200# Hulls Gel		
	500# Hulls	Pumptrk Charge	Plug
		Mileage	38

X Signature 	Thanks	Tax	
		Discount	
		Total Charge	