

**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. 3239

|   |          |      |          |  |  |       |             |        |
|---|----------|------|----------|--|--|-------|-------------|--------|
| Date  | 1-13-23  | Sec. | Twp.     | Range  | County   | State | On Location | Finish |
|   |          |      |          |  | Location: Hill City 3W5N10E  |       |             |        |
| Lease   | Roberts  |      |          | Well No.   | 1  |       |             |        |
| Contractor  | Cuthbert |      |          | Owner - To Quality Oilwell Cementing, Inc.<br>You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. |  |       |             |        |
| Type Job  | PTA      |      |          | Charge To: Fairwinds   |  |       |             |        |
| Hole Size   | 5 1/2    |      |          | T.D.   |  |       |             |        |
| Csg.  |          |      |          | Depth  | Street   |       |             |        |
| Tbg. Size   |          |      |          | 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 425 by 6/10-4  |       |             |        |
| Meas Line   |          |      |          | Displace   | 900 Gel 600 Hulls  |       |             |        |
| <b>EQUIPMENT</b>  |          |      |          |  | Common   |       |             |        |
| Pumptrk   | 17       | No.  | Cementer | B...   |  |       |             |        |
|   |          |      | Helper   |  |  |       |             |        |
| Bulktrk   |          | No.  | Driver   |  |  |       |             |        |
|   |          |      | Driver   |  |  |       |             |        |
| Bulktrk   | 19       | No.  | Driver   | C...   |  |       |             |        |
|   |          |      | Driver   |  |  |       |             |        |
| <b>JOB SERVICES &amp; REMARKS</b>   |          |      |          |  | Hulls  |       |             |        |
| Remarks:  |          |      |          | Salt   |  |       |             |        |
| Rat Hole  |          |      |          | Flowseal   |  |       |             |        |
| Mouse Hole  |          |      |          | Kol-Seal   |  |       |             |        |
| Centralizers  |          |      |          | Mud CLR 48   |  |       |             |        |
| Baskets   |          |      |          | CFL-117 or CD110 CAF 38  |  |       |             |        |
| D/V or Port Collar  |          |      |          | Sand   |  |       |             |        |
| 3700 - 900 Gel 750 200 Hulls  |          |      |          |  | Handling   |       |             |        |
| 2315 110 24 300 Hulls   |          |      |          |  | Mileage  |       |             |        |
| 1115 - 115 24 CIRE COLLAR   |          |      |          |  | <b>FLOAT EQUIPMENT</b>   |       |             |        |
|   |          |      |          |  | Guide Shoe   |       |             |        |
|   |          |      |          |  | Centralizer  |       |             |        |
|   |          |      |          |  | Baskets  |       |             |        |
|   |          |      |          |  | AFU Inserts  |       |             |        |
|   |          |      |          |  | Float Shoe   |       |             |        |
|   |          |      |          |  | Latch Down   |       |             |        |
| BACK SIDE 5A  |          |      |          |  |  |       |             |        |
| TOP 045 154   |          |      |          |  |  |       |             |        |
| USED  |          |      |          |  |  |       |             |        |
| 900 Gel   |          |      |          |  | Pumptrk Charge   |       |             |        |
| 500 Hulls   |          |      |          |  | Mileage  |       |             |        |
| 320 Cent  |          |      |          |  |  |       |             |        |
|  |          |      |          |  | Tax  |       |             |        |
|   |          |      |          |  | Discount   |       |             |        |
|   |          |      |          |  | Total Charge   |       |             |        |
| X Signature   |          |      |          |  |  |       |             |        |