

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. 3264

Date	10-21-22	Sec.	28	Twp.	5	Range	20	County	Phillips	State	KS	On Location		Finish	2:15PM
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Location STOCKTON 11 W 15 W

Lease	MARY	Well No.	1	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	Discovery				Charge To	Four Winds Oil Co.
Type Job	PTA					
Hole Size	7 7/8	T.D.				
Csg.		Depth				
Tbg. Size		Depth				
Tool		Depth				
Cement Left in Csg.		Shoe Joint				
Meas Line		Displace				
EQUIPMENT						
Pumptrk	17	No.	Cementer	Bill	Common	183
			Helper		Poz. Mix	120/122
Bulktrk		No.	Driver	nick	Gel.	11
			Driver		Calcium	
Bulktrk	21	No.	Driver	ROSS		
			Driver			

JOB SERVICES & REMARKS				Hulls	
Remarks:				Salt	
Rat Hole	30			Flowseal	75 #
Mouse Hole	15			Kol-Seal	
Centralizers				Mud CLR 48	
Baskets				CFL-117 or CD110 CAF 38	
D/V or Port Collar				Sand	
3627-	50yd			Handling	316
1780-	50yd			Mileage	
1230-	100yd			FLOAT EQUIPMENT	
270-	50yd			Guide Shoe	
40-	10yd			Centralizer	
				Baskets	
				AFU Inserts	
				Float Shoe	
				Latch Down	
				wood plug-1	
				Pumptrk Charge	plug
				Mileage	62

X Signature	Ryan Washburn	Thanks	Tax	
			Discount	
			Total Charge	