

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
 Toll 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. **3241**

Date 1-16-23	Sec. 5	Twp. 10	Range 18	County ROCKS	State KS	On Location	Finish 7:00pm
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Location **Pulle STAARD WTOR 15**

Lease CARDINAL	Well No. 5-1	Owner IN 4 W
Contractor DISCOVERY	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.	
Type Job SURFACE	Charge To H & C operating	
Hole Size 12 1/4	T.D. 225	Street
Csg. 8 5/8	Depth	City
Tbg. Size	Depth	State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg. 15	Shoe Joint 15	Cement Amount Ordered 150.4 800/20-3-12
Meas Line	Displace 13 1/4	

EQUIPMENT

Pumptrk	No.	Cementer Helper 17	Common 120
Bulktrk	No.	Driver JORDAN	Poz. Mix 30
Bulktrk	No.	Driver 3	Gel. 3
Bulktrk	No.	Driver 3	Calcium 6

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
Set e 223	Sand
150.4	Handling 159
pump plug 13 1/4 bolts	Mileage
Cemt DiD Circ	

FLOAT EQUIPMENT

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down

Pumptrk Charge Surface	Tax
Mileage 25	Discount
Thanks	Total Charge

X Signature

