

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. 3375

Date	12-15-22	Sec.	22	Twp.	25	Range	16	County	Edwards	State	Ks	On Location		Finish	3:30PM
Lease								Well No.		Owner					
Buddle								2		13/110					
Contractor								To Quality Oilwell Cementing, Inc.							
Kelso Well Service								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								Charge To							
Plug								Check oil							
Hole Size								Street							
5 1/2"															
Csg.								City							
5 1/2"								State							
Tbg. Size								The above was done to satisfaction and supervision of owner agent or contractor.							
2 3/8"								Cement Amount Ordered							
Depth								150 60/40 40% Gel							
1100'								Cement Left in Csg.							
Depth								Shoe Joint							
Tool								100 # Hulls							
Cement Left in Csg.								Meas Line							
Shoe Joint								Displace							
								1120							
EQUIPMENT								Common							
Pumptrk								Poz. Mix							
16 No. Cementer Helper								Jordan							
Bulktrk								Gel.							
1 No. Driver															
Bulktrk								Calcium							
1 No. Driver															
Bulktrk								Hulls							
9.11. No. Driver															
RICK															
JOB SERVICES & REMARKS								Salt							
Remarks:								Flowseal							
Rat Hole								Kol-Seal							
1100' - 50 5x + 100# Hulls								Mud CLR 48							
Mouse Hole								CFL-117 or CD110 CAF 38							
in last 1/2								Sand							
Centralizers								Handling							
Baskets								Mileage							
340' - Circulate to surface w/ 50 5x								FLOAT EQUIPMENT							
D/V or Port Collar								Guide Shoe							
Surface w/ 50 5x								Centralizer							
Part on 5 1/2" Swage + Circulate 35 1/8" w/ 50 5x								Baskets							
								AFU Inserts							
Cement did Circulate								Float Shoe							
								Latch Down							
								Pumptrk Charge							
								Mileage							
								Tax							
								Discount							
								Total Charge							
Signature															