

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. 3498

Date	4-11-23	Sec.	31	Twp.	9	Range	19	County	Rooks	State	Ks	On Location		Finish	11:45 AM
Lease								Location		Zurich - 2W, 1S, 1/4E, N1/2					
Lynd B.								Well No.		8					
Contractor								Prairie Hawk							
Type Job								Plug							
Hole Size								T.D.		Charge To					
Csg.								Depth		Paul Bowman Trust					
Tbg. Size								Depth		Street					
Tool								Depth		City					
Cement Left in Csg.								Shoe Joint		State					
Meas Line								Displace		H20					
EQUIPMENT								Common							
Pumptrk								No.		Cementer					
Bulktrk								No.		Helper					
Bulktrk								No.		Driver					
Bulktrk								No.		Driver					
JOB SERVICES & REMARKS								Hulls							
Remarks:								3700' - 100 5x 300# Hulls							
Rat Hole								Flowseal							
Mouse Hole								2800' - 100 5x 200# Hulls							
Centralizers								Mud CLR 48							
Baskets								1800' - 100 5x 200# Hulls							
D/V or Port Collar								CFL-117 or CD110 CAF 38							
800' - Circulate Cement								Sand							
w/ 80 5x								Handling							
								Mileage							
FLOAT EQUIPMENT															
Top off w/ 10 5x								Guide Shoe							
Backside was full @ 300#.								Centralizer							
Cement did Circulate								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								Pumptrk Charge							
								Mileage							
								Tax							
								Discount							
X Signature								Total Charge							