

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. **3659**

Date	5-1-23	Sec.	25	Twp.	13	Range	18	County	Ellis	State	Ks	On Location		Finish	4:15 pm								
API #	15-051-01586-00-00																						
Lease	Gross			Well No.	#1			Owner	M/Info														
Contractor	Co Tools			Location				I-70 + Toulon Exit, 1/2 N, 1/2 W															
Type Job	Plug			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.															
Hole Size	5 1/2"			T.D.	Charge To				Tri-United Inc														
Csg.	2 3/8"			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				250 60/40 4% Gel														
Meas Line	Displace			420				400 # Hulls															
EQUIPMENT												Common				125							
Pumptrk	16	No.	Cementer		Jordan		Helper		Zoz. Mix		75												
Bulktrk	1	No.	Driver		Carey		Driver		Gel.		7												
Bulktrk	Phil	No.	Driver		Rick		Driver		Calcium														
JOB SERVICES & REMARKS												Hulls				300 # (6)							
Remarks:	920' - 1005X + 705X											Salt											
Rat Hole	w/ 300 # Hulls											Flowseal											
Mouse Hole												Kol-Seal											
Centralizers	Pull tubing out of											Mud CLR 48											
Baskets	the hole put on 5 1/2"											CFL-117 or CD110 CAF 38											
D/V or Port Collar	Swage + Mix 205X											Sand											
	2 400 #.											Handling				250							
	Backside instant pressure											Mileage											
	2 100 #.											FLOAT EQUIPMENT											
												Guide Shoe											
												Centralizer											
												Baskets											
												AFU Inserts											
												Float Shoe											
												Latch Down											
												Pumptrk Charge				Plug							
												Mileage				25							
X Signature	Coryell											Thanks				Tax							
												Discount											
												Total Charge											