

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. 3417

Date	8/22/23	Sec.	16	Twp.	9S	Range	21W	County	Graham	State	KS	On Location		Finish	11:00am
------	---------	------	----	------	----	-------	-----	--------	--------	-------	----	-------------	--	--------	---------

Location Church rd 1w 2 n 1/2 w

Lease	Behind	Well No.	9	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	Outlaw				Charge To	Fair Winds
Type Job	PTA				Street	
Hole Size		T.D.		City	State	
Csg.	5 1/2	Depth		The above was done to satisfaction and supervision of owner agent or contractor.		
Tbg. Size	2 7/8	Depth		Cement Amount Ordered	500 7/40 4% 700 hulls	
Tool		Depth				
Cement Left in Csg.		Shoe Joint				

Meas Line	Displace	EQUIPMENT		Common
Pumptrk	17	No.	Cementer	Poz. Mix
			Helper	
Bulktrk	19	No.	Driver	Gel.
			Driver	
Bulktrk	PU	No.	Driver	Calcium
			Driver	

JOB SERVICES & REMARKS				Hulls	700
Remarks:				Salt	
Rat Hole				Flowseal	
Mouse Hole				Kol-Seal	
Centralizers				Mud CLR 48	
Baskets				CFL-117 or CD110 CAF 38	
D/V or Port Collar				Sand	
3500ft	75SKS	300	hulls	Handling	
2925ft	100SKS	200	hulls	Mileage	

				FLOAT EQUIPMENT	
1925	100SKS	100	hulls	Guide Shoe	
925	110	circ	cement	Centralizer	
				Baskets	
				AFU Inserts	
				Float Shoe	
Back side pressure immediately 300PSI				Latch Down	
Topped off 10SKS				395SKS 600hulls total	

Thanks.				Pumptrk Charge	
				Mileage	
				Tax	
				Discount	
				Total Charge	
X Signature					