

**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. 3757

Date <u>8-21-23</u>	Sec.	Twp.	Range	County	State	On Location	Finish
				<u>Gove</u>	<u>Ks</u>		

Location OAKLEY 20S 3E 2S

Lease <u>Nelson</u>	Well No. <u>1-30</u>	Owner
Contractor <u>Western</u>		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 <u>PTA</u>		
Hole Size	T.D.	Charge To <u>ME Klein &amp; Associates Inc</u>
Csg. <u>5 1/2</u>	Depth	Street
Tbg. Size <u>2 3/8</u>	Depth	City
Tool	Depth	State
Cement Left in Csg.	Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.
Meas Line	Displace	Cement Amount Ordered <u>450 69/40-4</u>

**EQUIPMENT**

Pumptrk <u>16</u>	No.	Cementer	<u>Bill</u>	Common <u>230</u>
		Helper		Poz. Mix <u>150</u>
Bulktrk	No.	Driver	<u>JORDAN</u>	Gel. <u>23</u>
Bulktrk	No.	Driver	<u>COPY</u>	Calcium

**JOB SERVICES & REMARKS**

Remarks:	Hulls <u>500 # (10)</u>
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
<u>4400 - 1000 Gel 100% cement 300 Hulls</u>	Sand
<u>2550 - 150% cement 200 Hulls</u>	Handling
<u>1100 - Circ Cement 110 #</u>	Mileage
	<b>FLOAT EQUIPMENT</b>
	Guide Shoe
	Centralizer
	Baskets
<u>Top off 10 skt</u>	AFU Inserts
<u>Backside 10 skt 300 #</u>	Float Shoe
<u>1000 Gel</u>	Latch Down
<u>500 Hulls</u>	
<u>300% cement</u>	

Pumptrk Charge	<u>plug</u>
Mileage	<u>26</u>

*Thanks*

X Signature <u>[Signature]</u>	Tax
	Discount
	Total Charge