

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

Home Office P.O. Box 32 Russell, KS 67665

No. 3750

Cell 785-324-1041

Date <u>8-16-23</u>	Sec. <u>30</u>	Twp. <u>14</u>	Range <u>21-W</u>	County <u>Gove</u>	State <u>Ks</u>	On Location	Finish
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Lease J. Nelson Location Oakley 25th Jayhawk & Rel 3 E to I

Well No. 3-30 Owner IS
 Contractor Western To Quality Oilwell Cementing, Inc.
 Type Job PTA 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 _____ T.D. _____ Charge To M.F. Klein Assoc.
 Csg. 5 1/2 Depth _____ Street P.O. Box 721436
 Tbg. Size 278 Depth _____ City NORMAN State OK 73070
 Tool _____ Depth _____

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 455 @ 69/40 4

EQUIPMENT
 1000 # Gel 500 # Hulls
 Pumptrk 16 No. Cementer Bill Common 260 240
 Bulktrk No. Helper _____ Poz. Mix 140 160
 Bulktrk No. Driver Nick Gel. 24
 Bulktrk No. Driver _____ Calcium _____
 Bulktrk No. Driver Cory Hulls 500# (10)

JOB SERVICES & REMARKS
 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 _____
4450-1000 # Gel 100 # w/ 300 # Hulls Handling 455
2550-150 @ 200 # Hulls Mileage _____
1150-125 @ Circulated

FLOAT EQUIPMENT
 Guide Shoe _____
 Centralizer _____
 Baskets _____
 AFU Inserts _____
 Float Shoe _____
 Latch Down _____
Top off 15 @
Backside 10 @ 300 #

Used _____ Pumptrk Charge plug
1000 # Gel Mileage 76
500 # Hulls

400 SKS Kemp
 X Signature [Signature] Tax _____
 Discount _____
 Total Charge _____