

**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. 3765

Date <i>8-30-23</i>	Sec.	Twp.	Range	County <i>Gove</i>	State <i>Ks</i>	On Location	Finish
Lease <i>Nelson</i>				Location <i>OAKLEY 20<sup>th</sup> 3E 2S</i>			
Well No. <i>1-32</i>		Owner					
Contractor <i>Western</i>		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 <i>PTA</i>		Charge To <i>M.E. Klien &amp; Associates</i>					
Hole Size		T.D.		Street			
Csg. <i>5 1/2</i>		Depth		City			
Tbg. Size <i>2 7/8</i>		Depth		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 <i>450A 60/40-4</i>			
Meas Line		Displace		<i>900 #6el 500 #Hulls</i>			
<b>EQUIPMENT</b>							
Pumptrk <i>16</i>		No. Cementer Helper <i>Bill</i>		Common <i>220</i>			
Bulktrk		No. Driver <i>JORDAN</i>		Poz. Mix <i>145</i>			
Bulktrk <i>19</i>		No. Driver <i>CONY</i>		Gel. <i>22</i>			
Bulktrk <i>19</i>		No. Driver		Calcium			
<b>JOB SERVICES &amp; REMARKS</b>							
Remarks:		Hulls <i>500 # (10)</i>					
Rat Hole		Salt					
Mouse Hole		Flowseal					
Centralizers		Kol-Seal					
Baskets		Mud CLR 48					
DIV or Port Collar		CFL-117 or CD110 CAF 38					
<i>4300 - 900 #6el 100A cent 300 #Hulls</i>		Sand					
<i>2500 - 150A 200 # Hull</i>		Handling <i>430</i>					
<i>1150 - Circ. w/ 115A</i>		Mileage					
<b>FLOAT EQUIPMENT</b>							
		Guide Shoe					
		Centralizer					
		Baskets					
		AFU Inserts					
		Float Shoe					
		Latch Down					
<i>Top off - 15A</i>		Pumptrk Charge <i>plug</i>					
<i>Backside SA 300 #</i>		Mileage <i>76</i>					
<i>900 #6el</i>							
<i>500 # Hulls</i>							
<i>365 Cent</i>							
X Signature <i>Dr. Dujich</i>		<i>Thanks</i>				Tax	
						Discount	
						Total Charge	