

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.

(Print Name) Employee of Operator or Operator on above-described well,

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. 3437

Date	10/25/23	Sec.	19	Twp.	18	Range	14	County	Barton	State	KS	On Location		Finish	12:30
Location								Olmitz 3 south east 1 1/2 S							

Lease Nordman Well No. 1-19 Owner

Contractor Western
Type Job PTA
Charge To Production drilling

Hole Size _____ T.D. _____
Csg. 5 1/2 Depth _____ Street _____

Tbg. Size 2 7/8 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 400 40 4%

Meas Line _____ Displace _____
900 gel 400 hulls

EQUIPMENT
Common 162

Pumptrk 18 No. _____ Cementer Tim
Helper _____

Bulktrk 21 No. _____ Driver Joe
Driver _____

~~Bulktrk~~ PU No. _____ Driver Nick
Driver _____

JOB SERVICES & REMARKS
Hulls 400 # (8)

Remarks: RAY
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 _____

3400 900gel 200 hulls 100SKS
1500 100SKS 200 hulls
500 circ cement 60SKS
put swedge on pressured up 10SKS

Handling 400
Mileage _____

FLOAT EQUIPMENT

Guide Shoe _____

Centralizer _____

Baskets _____

AFU Inserts _____

Float Shoe _____

Latch Down _____

total cement
270SKS 900gel 400hulls

Pumptrk Charge _____
Mileage 36

Signature _____
Tax _____
Discount _____
Total Charge _____

Thanks