

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

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

No. 3810

Cell 785-324-1041

Date <u>2-14-24</u>	Sec.	Twp.	Range	County <u>Ness</u>	State <u>KS</u>	On Location	Finish
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Location <u>4 mi NW SS 24 35 1/2 W 12 N T 10</u>			
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Lease <u>Dinges</u>	Well No. <u>19-1</u>	Owner
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Contractor <u>✓</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.
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Type Job <u>PTA</u>	Charge To <u>1786</u>
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Hole Size <u>5 1/2</u>	T.D.	Street
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Csg.	Depth	City	State
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Tbg. Size	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
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Tool	Depth	Cement Amount Ordered <u>4000.644-4</u>
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Cement Left in Csg.	Shoe Joint	
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Meas Line	Displace	
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EQUIPMENT				Common
Pumptrk <u>17</u>	No.	Cementer Helper	<u>B. H.</u>	Poz. Mix
Bulktrk	No.	Driver	<u>15500</u>	Gel.
Bulktrk	No.	Driver	<u>1006</u>	Calcium

JOB SERVICES & REMARKS		Hulls
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Remarks:	Salt
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Rat Hole	Flowseal
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Mouse Hole	Kol-Seal
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Centralizers	Mud CLR 48
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Baskets	CFL-117 or CD110 CAF 38
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D/V or Port Collar	Sand
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<u>Mix down 50 w/ 750</u>	Handling
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<u>w/ 500 # Hulls 170 376 bbls water</u>	Mileage
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<u>1750 cent</u>	FLOAT EQUIPMENT
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<u>press to 1000 #</u>	Guide Shoe
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	Centralizer
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	Baskets
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<u>No cent BACK 100 300 #</u>	AFU Inserts
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<u>used 8500 cent</u>	Float Shoe
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<u>300 # Hulls</u>	Latch Down
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	Pumptrk Charge
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	Mileage
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<u>Bob Plante</u>	
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X Signature	
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Tax
Discount
Total Charge