

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. 3819

Date <u>3-6-24</u>	Sec.	Twp.	Range	County <u>Geary</u>	State <u>KS</u>	On Location	Finish
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Location <u>HULLY 9N 2E 3N</u>			
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Lease <u>Rudde</u>	Well No. <u>1-30</u>	Owner
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Contractor <u>SAIA</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>Fourwinds</u>
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Csg. <u>55</u>	Depth	Street
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Tbg. Size <u>27</u>	Depth	City	State
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Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
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Cement Left in Csg.	Shoe Joint	Cement Amount Ordered <u>6000 lbs 1440 y</u>
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Meas Line	Displace	<u>700" Halls</u>
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EQUIPMENT

Pumptrk <u>17</u>	No.	Cementer	<u>Bill</u>	Common
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		Helper		Poz. Mix
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Bulktrk <u>22</u>	No.	Driver	<u>Nick</u>	Gel.
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		Driver	<u>Joe</u>	Calcium
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Bulktrk <u>14</u>	No.	Driver	<u>Doug</u>	
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JOB SERVICES & REMARKS

Remarks:	Hulls
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Rat Hole	Salt
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Mouse Hole	Flowseal
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Centralizers	Kol-Seal
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Baskets	Mud CLR 48
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D/V or Port Collar	CFL-117 or CD110 CAF 38
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<u>3450 100A Cem 300" Halls</u>	Sand
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<u>2875 150A Cem 300" Halls</u>	Handling
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<u>1350-1300A Cem Circ Cem 100 Halls</u>	Mileage
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FLOAT EQUIPMENT

	Guide Shoe
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	Centralizer
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	Baskets
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	AFU Inserts
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	Float Shoe
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	Latch Down
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<u>Top off - 15A</u>	
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<u>BACK side - SA 300"</u>	
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<u>400A Cem</u>	Pumptrk Charge
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<u>700" Halls</u>	Mileage
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		Tax
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		Discount
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X Signature <u>[Signature]</u>		Total Charge
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