

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. **3934**

Date	5/4/24	Sec.	33	Twp.	15	Range	14	County	Russell	State	Kansas	On Location	Finish	11:00am
Location								Russell 11 S 1 1/2 W S170						

Lease	Neil B	Well No.	1 Inj	Owner	To Quality Oilwell Cementing, Inc.
Contractor				Basgall well serv.	
Type Job				plug	

Hole Size	T.D.	Charge To	Mai Oil
Csg.	4 1/2	Depth	
Tbg. Size	2 7/8	Depth	3000
Tool		Depth	

Cement Left in Csg.	Shoe Joint	Cement Amount Ordered	250 3/4 4% gel
Meas Line	Displace	600 ^{gal} gel	200 ^{gal} Halls

EQUIPMENT				Common	110
Pumptrk	5	No.	Cementing Helper	Poz. Mix	20
Bulktrk	3	No.	Driver	Gel	12
Bulktrk	14	No.	Driver	Calcium	

JOB SERVICES & REMARKS				Halls	200# (4)
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	
3000' - 600 ^{gal} gel followed by 50 sks and 100 ^{gal} Halls				Handling	250
				Mileage	

				FLOAT EQUIPMENT	
1500' mixed 75 sks & 100 ^{gal} Halls				Guide Shoe	
				Centralizer	
650' - Mixed 50 sks to circulate				Baskets	
Topped off with 5 sks				AFLU Inserts	
				Float Shoe	
Cement? did circulate				Latch Down	

used 180 sks Total 600 ^{gal} gel 200 ^{gal} Halls				Pumptrk Charge	plug
				Mileage	15

Signature	<p style="font-size: 2em; font-family: cursive;">Thanks</p>	Tax
		Discount
		Total Charge