

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

QUASAR ENERGY SERVICES, INC.



3288 FM 51
 Gainesville, Texas 76240
 Office: 940-612-3336

Form 185-2q

5/20/24

Fax: 940-612-3336 | qesl@qeserve.com

CEMENTING JOB LOG

CEMENTING JOB LOG

Company: HARTMAN OIL CO.				Well Name: DAMME #40			
Type Job: PLUG/PTA				AFE #: 0			
CASING DATA							
Size:	0	Grade:	0	Weight:	0		
Casing Depths	Top: 0	Bottom:	0				
Drill Pipe:	Size: 0	Weight:	0				
Tubing:	Size: 0	Weight:	0	Grade:	0	TD (ft):	0
Open Hole:	Size: 0	T.D. (ft):	0				
Perforations	From (ft): 0	To:	0	Packer Depth(ft):	0		
CEMENT DATA							
Spacer Type:							
Amt.	Sks Yield	ft ³ /sk		Density (PPG)			
LEAD: CLASS A NEAT							
Amt.	125	Sks Yield	1.17	ft ³ /sk	146.25	Density (PPG)	15.6
TAIL: Excess							
Amt.	Sks Yield	ft ³ /sk		Density (PPG)			
WATER: H2O							
Lead:	gals/sk: 5.2		Tail:	gals/sk:		Total (bbls):	
Pump Trucks Used:	210						
Bulk Equipment:	228						
Disp. Fluid Type:	H2O	Amt. (Bbls.)		Weight (PPG):	8.33		
Mud Type:	Weight (PPG):						

COMPANY REPRESENTATIVE: _____ CEMENTER: ANGEL ECHEVARRIA

TIME AM/PM	PRESSURES PSI			FLUID PUMPED DATA		REMARKS
	Casing	Tubing	ANNULUS	TOTAL	RATE	
0900						ON LOCATION - RIG UP - SAFETY MEETING
0941		200		5.5	3	CIRCULATE WELL
0945		150		10.4	2.8	PUMP 50SX @ 1900'
		220		6.2	2.5	DISPLACE W/ H2O
						TRIP OUT HOLE
1018		180		1	3	CIRCULATE WELL
		200		10.4	2.8	PUMP 50SX @ 1100'
		220		3.6	2.5	DISPLACE W/ H2O
1100		ZERO		1.5	.5	CIRCULATE WELL
		80		2	5.2	PUMP 25SX @ 60' TO SURFACE
						RIG DOWN JOB COMPLETED
						THANK YOU