

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.**

PO Box 32 - 740 West Wichita Ave, Russell KS 67665
Phone: 785-324-1041 fax: 785-483-1067
Email: cementing@ruraltel.net

Date: 6/21/2024
Invoice # 4031

P.O.#:

Due Date: 7/21/2024

Division: Russell

Contact:

Mai Oil Operations

Address/Job Location:

8111 Douglas Ave., Ste 710
Dallas TX 75225-5520

Reference:

LORRAINE KRUG 1 SEC 9-15-14

Description of Work:

PLUG JOB

Services / Items Included:

	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 900.03	Yes				
Common-Class A	175	\$ 3,636.62	Yes				
PO2 Mix-Standard	115	\$ 812.05	Yes				
Bulk Truck Mat-Material Service Charge	325	\$ 327.85	Yes				
Premium Gel (Bentonite)	10	\$ 292.54	Yes				
Cottonseed Hulls	8	\$ 271.95	Yes				
Pump Truck Mileage-Job to Nearest Camp	15	\$ 98.09	Yes				
Bulk Truck Mileage-Job to Nearest Bulk Plant	15	\$ 52.96	Yes				

Invoice Terms:

Net 30

SubTotal: \$ 6,362.12
Discount Available ONLY if Invoice is Paid & Received
within listed terms of invoice: \$ (159.05)

SubTotal for Taxable Items: \$ 6,203.07
SubTotal for Non-Taxable Items: \$ -
Total: \$ 6,203.07
Tax: \$ 527.26

8.50% Russell County Sales Tax

Thank You For Your Business!

Amount Due: \$ 6,730.33
Applied Payments:
Balance Due: \$ 6,730.33

Past Due Invoices are subject to a service charge (annual rate of 24%)

This does not include any applicable taxes unless it is listed.

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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071

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

No. 4031

Cell 785-324-1041

Date 6/21/24 Sec. 9 Twp. 15 Range 14 County Russell State KS On Location _____ Finish 3:00pm
Location Russell South to Mitchell 2 west Nth into

Lease Lorraine King Well No. 1 Owner _____
Contractor Keko To Quality Oilwell Cementing, Inc.
Type Job PTA You are hereby requested to rent cementing equipment and furnish
Hole Size _____ T.D. _____ Charge Mai Oil
Csg. 5 1/2 Depth _____ Street _____
Tbg. Size _____ 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 325 1/2 4% gel
Meas Line _____ Displace _____ 400# hulls

EQUIPMENT

Pumptrk S No. _____ Cementer Nick Common 175
Bulktrk A No. _____ Driver Joe Craig Poz. Mix 115
Bulktrk _____ No. _____ Driver _____ Gel. 10
Bulktrk _____ No. _____ Driver _____ Calcium _____

JOB SERVICES & REMARKS

Remarks: KCC Ray Hulls 400 # (8)
Rat Hole _____ Salt _____
Mouse Hole _____ Flowseal _____
Centralizers _____ Kol-Seal _____
Baskets _____ Mud CLR 48 _____
D/V or Port Collar _____ CFL-117 or CD110 CAF 38 _____
1375 100SKS 300hulls Sand _____
Handling 325
885 75SKS 100hulls Mileage _____

FLOAT EQUIPMENT

500 50SKS Guide Shoe _____
Centralizer _____
Baskets _____
220 circ 65SKS AFU Inserts _____
Float Shoe _____
top off - sprayed Fril Latch Down _____

(Used) - 200SK & 400# hulls
Pumptrk Charge _____
Mileage 15 plug

Signature Craig, [unclear]

Thanks

Tax _____
Discount _____
Total Charge _____