

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. 4652

Cell 785-324-1041

Date <u>9-19-25</u>	Sec.	Twp.	Range	County <u>Russell</u>	State <u>KS</u>	On Location	Finish
Location <u>Russell 451KE 145</u>							
Lease <u>Strecker B</u>		Well No. <u>4</u>		Owner 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.			
Contractor <u>Ace Well Service</u>							
Type Job <u>PTA</u>				Charge To <u>Fossil Creek Energy</u>			
Hole Size		T.D.		Street			
Csg. <u>5 1/2</u>		Depth		City			
Tbg. Size <u>2 1/2</u>		Depth <u>2250</u>		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 <u>550 sk 69% 4% gel 300# Hulls</u>			
Meas Line		Displace					
EQUIPMENT				Common <u>235</u>			
Pumptrk	No.	Cement Helper <u>18</u>	<u>Joe</u>	Poz. Mix <u>125</u>			
Bulktrk	No.	Driver <u>21</u>	<u>Justin</u>	Gel. <u>14</u>			
Bulktrk	No.	Driver	<u>Bryant</u>	Calcium			
JOB SERVICES & REMARKS				Hulls <u>300# (6)</u>			
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			
<u>1st plug at 2250' - 140 sk & 100# Hulls</u>				Handling <u>550</u>			
<u>2nd plug at 1495' - 80 sk & 200# Hulls</u>				Mileage			
<u>3rd plug at 760' - Circulate, 150 sk</u>				FLOAT EQUIPMENT			
<u>Top off - 150 15 sk</u>				Guide Shoe			
<u>BS - 5 sk</u>				Centralizer			
<u>used 390 sk 300# Hulls</u>				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge <u>plug</u>			
				Mileage <u>15 (min)</u>			
				Tax			
				Discount			
				Total Charge			

X Signature [Signature]

Thanks