

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

8777

Brady's Cell 620-727-6964

Date	3-13-25	Sec.	22	Twp.	34S	Range	9W	County	HARPER	State	KI	On Location		Finish	
Lease	DETMEL		Well No.		2		Location								
Contractor	SHAWNEE WELL SERVICE							Owner							
Type Job	PTA							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size	7 7/8							T.D.							
Csg.	4 1/2							Depth							
Tbg. Size	2 3/8							Depth							
Tool								Depth							
Cement Left in Csg.								Shoe Joint							
Meas Line								Displace							
EQUIPMENT								4 5/8 CL on side USED 230 si							
Pumptrk	3 No.							Common 230							
Bulktrk	15 No.							Poz. Mix							
Bulktrk	No.							Gel.							
Pickup	No.							Calcium 200 lbs							
JOB SERVICES & REMARKS								Hulls							
Rat Hole								Salt							
Mouse Hole								Flowseal							
Centralizers								Kol-Seal							
Baskets								Mud CLR 48							
D/V or Port Collar								CFL-117 or CD110 CAF 38							
1" Ploch to 4000'								Sand							
Pump 113 Est. CIRC								Handling 234							
MK: Pump 504								Mileage 45 / 10530							
Diso								FLOAT EQUIPMENT							
PTAIN Perf 1500'								Guide Shoe							
Tbg 7 1/4" 112								Centralizer							
MK: Pump 350x 3 1/2" CL								Baskets							
Diso								AFU Inserts							
PTDBF: LET OCT TAG 2 1175								Float Shoe							
Perf 950-300								Latch Down							
Tbg 7 929'								SERVICE Supv 1 EA							
MK: Pump 250x 3 1/2" CL								LMV 45							
Diso								Pumptrk Charge PTA							
Hbg 7 288' CIRC								Mileage 90							
500x CIRC 4 1/2"								TAX 1.01% HCHV							
600x CIRC 4 1/2" 1000'								Deduct 11.05%							
PTDBF 1000' PTA								TOTAL 1.01% HCHV							
TAX 1.01% HCHV								Deduct 11.05%							
TOTAL 1.01% HCHV								TOTAL 1.01% HCHV							
Signature								Tax							
								Discount							
								Total Charge							

QUALITY WELL SERVICE, INC.

8777

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-786-6992

Fax 620-672-3663

Todd's Cell 620-388-4967

Brady's Cell 620-727-6964

Date	3-13-25	Sec.	22	Twp.	31S	Range	9W	County	HARPER	State	KI	On Location	Finish
Lease	DETMEL		Well No.		2		Location						
Contractor	SHAWNEE WELL SERVICE							Owner					
Type Job	PTA							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
Hole Size	7 7/8		T.D.										
Csg.	4 1/2		Depth		Charge To R.B. OIL & GAS INC								
Tbg. Size	2 3/8		Depth		Street								
Tool			Depth		City State								
Cement Left in Csg.			Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line			Displace		Cement Amount Ordered 250 5/8 Common								
EQUIPMENT								4 5/8 CL on side USED 230 5/8					
Pumptrk	3	No.			Common 230								
Bulktrk	15	No.			Poz. Mix								
Bulktrk		No.			Gel.								
Pickup		No.			Calcium 200 lbs								
JOB SERVICES & REMARKS								Hulls					
Rat Hole								Salt					
Mouse Hole								Flowseal					
Centralizers								Kol-Seal					
Baskets								Mud CLR 48					
D/V or Port Collar								CFL-117 or CD110 CAF 38					
1" Pkch d 4000'								Sand					
Ramp 113 Est CIRC								Handling 234					
MIX: Pump 504								Mileage 45 / 10530					
DISC								FLOAT EQUIPMENT					
PTAON Perf 1500								Guide Shoe					
Tbg d 1 1/2								Centralizer					
MIX: Pump 355x 3 1/2 CL								Baskets					
DISC								AFU Inserts					
PTAON LET OCT TAG d 1175								Float Shoe					
Perf 950-300								Latch Down					
Tbg d 929								SERVICE Supv 1 EA					
MIX: Pump 355x 3 1/2 CL								LW 45					
DISC								Pumptrk Charge PTA					
Htg d 280' CIRC								Mileage 90					
505x CIRC 4 1/2								TODAY HCHW					
625x CIRC 4 1/2 104								DRILL H-SSD					
PTAON TOPOFF PTA								Tax					
T-104 100								Discount					
Signature								Total Charge					