

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. 3385

Date	1-6-23	Sec.	14	Twp.	16	Range	20	County	Rush	State	KS	On Location		Finish	2:45 PM
Lease												Location		Liebenthal - 15, 10 W to 150 Rd, 1	

Lease	Stull		Well No.	1	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	Plug				Charge To	Jason oil
Type Job	Plug				Street	
Hole Size	5 1/2"		T.D.		City	State
Csg.			Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Tbg. Size			Depth		Cement Amount Ordered	320 60/40 4% bel
Tool			Depth		Meas Line	Displace
Cement Left in Csg.			Shoe Joint		H2O 500# Hulls	

EQUIPMENT				Common	170	
Pumptrk	16	No.	Cementer	Jordan	Poz. Mix	115
Bulktrk	21	No.	Helper	Tim	Gel.	10
Bulktrk	PIA	No.	Driver	Rick	Calcium	

JOB SERVICES & REMARKS					
Remarks:	Perfs 3860' - 62'				
Rat Hole	Put on 5 1/2" Surge				
Mouse Hole	Pump 7500 250# Hulls				
Centralizers	25 BLS H2O spacer				
Baskets	+ 200 5x 60/40 4% bel				
DW or Port Collar	Pressure 5 1/2" to 1500 ft. Released + was full.				

FLOAT EQUIPMENT					
Back side w/	10 5x 300 #				
Used	285 ft 250# Hulls				
Guide Shoe					
Centralizer					
Baskets					
AFU Inserts					
Float Shoe					
Latch Down					

Pumptrk Charge	plug	Tax	
Mileage	29	Discount	
Thanks		Total Charge	
X Signature			