



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1054869
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

5198

Home Office 190th US 56 HWY, Ellinwood, KS 67526

Todd's Cell 620-388-5422
Darin's Cell 785-445-2686

620-727-3410

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	3-25-11	Sec.	20	Twp.	18	Range	19	County	Rush	State	KS	On Location		Finish	11:30				
Lease	Folder		Well No.		120		Location												
Contractor	Quality Well Service							Owner Grand Mesa Operating											
Type Job	PTH							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	T.D.							Charge To											
Csg.	5 1/2							Depth											
Tbg. Size	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 ^{NO} 515 60/40 4%											
EQUIPMENT												400 # HULLS							
Pumptrk	No.	Dove							Common							84			
Bulktrk	No.	Dark							Poz. Mix							56			
Bulktrk	No.								Gel.							20			
Pickup	No.								Calcium										
JOB SERVICES & REMARKS												Hulls				2			
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" @ 1290' 15gel 50sks												Sand							
60/40 4% 100 # HULLS												Handling							
												Mileage				30			
4" @ 600 40sks												FLOAT EQUIPMENT							
60/40 4% 100 # HULLS												Guide Shoe							
												Centralizer							
4" @ 40' 20sks to surface												Baskets				Steve Durrant			
												AFU Inserts				3-24-11			
3-24-11												Float Shoe							
												Latch Down				Mike Meier @ field when plugged			
pumped 30sks 200 # HULLS												Pumptrk Charge				PTA			
Displaced to 3210 Max PST												Mileage				30			
1500'																			
																Tax			
																Discount			
																Total Charge			
X Signature																			