



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

KANSAS CORPORATION COMMISSION 1062536
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.
 _____ 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

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

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

5236

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

Todd's Cell 620-388-5422

Darin's Cell 785-445-2686

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	8-18-11	Sec.	2	Twp.	28	Range	18	County	Kiowa	State	KS	On Location		Finish	12:30
Lease	Unruh	Well No.	1-2	Location											
Contractor	Quality 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	T.D.							Charge To							
Csg.	4 1/2							Vincent Oil Corp.							
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 1355x 60/40 4%							
EQUIPMENT										12 gal on side					
Pumptrk	8	No.	Dave				Common		81						
Bulktrk	5	No.	Todd				Poz. Mix		54						
Bulktrk		No.					Gel.		5:12:17						
Pickup		No.					Calcium								
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					
										Sand					
1 st pumped 12 gal 50sx @ 1140'										Handling 152					
										Mileage 30					
2 nd pumped 50sx @ 440'										FLOAT EQUIPMENT					
										Guide Shoe					
3 rd pumped 35sx @ 40' to surface.										Centralizer					
										Baskets					
										AFU Inserts					
										Float Shoe					
										Latch Down					
										Pumptrk Charge PTA					
										Mileage 30					
										Tax					
										Discount					
										Total Charge					
X Signature															