



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

KANSAS CORPORATION COMMISSION 1062541
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

5262

Home Office 324 Simpson St., Pratt, KS 67124

Todd's Cell 620-388-5422
Office / Fax 620-672-3663

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

Date	8-16-11	Sec.	19	Twp.	27	Range	15	County	Pratt	State	KS	On Location		Finish	4:00	
Lease	Fruit		Well No.		1		Location									Pratt Co line 3 1/2 W E into
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								
EQUIPMENT																
Pumptrk	8	No.	Tool				Common		72							
Bulktrk	5	No.	SEAN				Poz. Mix		43							
Bulktrk		No.					Gel.		4							
Pickup		No.					Calcium									
JOB SERVICES & REMARKS																
Rat Hole								Hulls								200 #
Mouse Hole								Salt								
Centralizers								Flowseal								
Baskets								Kol-Seal								
D/V or Port Collar								Mud CLR 48								
							CFL-117 or CD110 CAF 38									
							Sand									
15 th pumped 12 gal 50sx 100 # Hulls @ 1000'							Handling								124	
							Mileage								20	
FLOAT EQUIPMENT																
2 nd pumped 50sx 100 # Hulls @ 340'							Guide Shoe									
							Centralizer									
							Baskets									
3 rd pumped 20sx to surface from 40'							AFU Inserts									
							Float Shoe									
							Latch Down									
							Pumptrk Charge								PTA	
							Mileage								20	
												Tax				
												Discount				
												Total Charge				
X Signature																