



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

KANSAS CORPORATION COMMISSION 1063861  
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

RECEIVED

# QUALITY WELL SERVICE, INC.

5235

Federal Tax I.D. # 481187368

AUG 22 '11

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

Todd's Cell 620-388-5422

Rich's Cell 620-727-3409

GB Darin's Cell 785-445-2686

Brady's Cell 620-727-6964

Date	3-16-11	Sec.	16	Twp.	26	Range	11	County	PRATT	State	Ks	On Location		Finish	2:45
Lease	Buckner		Well No.	#1		Location: Preston Ks 18.1N E 41W									
Contractor	Alliance Well Service					Owner 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.									
Type Job	PIT					Charge To: ABERCROMBIE									
Hole Size						T.D.									
Csg.	5 1/2					Depth									
Tbg. Size	2 7/8					Depth									
Tool						Street									
Cement Left in Csg.						Depth									
Meas Line						City									
					Shoe Joint					The above was done to satisfaction and supervision of owner agent or contractor.					
					Displace					Cement Amount Ordered 230 sq 60/40 4 1/2 GEL					
<b>EQUIPMENT</b>															
Pumptrk	8		No.	7000		Common 139									
Bulktrk	5		No.	SEAL		Poz. Mix 92									
Bulktrk			No.			Gel. 23									
Pickup			No.	M/KC		Calcium									
<b>JOB SERVICES &amp; REMARKS</b>															
					Hulls 200										
Rat Hole					Salt										
Mouse Hole					Flowseal										
Centralizers					Kol-Seal										
Baskets					Mud CLR 48										
D/V or Port Collar					CFL-117 or CD110 CAF 38										
Dog 2 350'					Sand										
30x 60/40 4 1/2 GEL 200' hulls					Handling 753										
					Mileage 15										
<b>FLOAT EQUIPMENT</b>															
8-17-11					Guide Shoe										
1st Plug 1550'					Centralizer										
15x GEL 50x 60/40 4 1/2 GEL					Baskets										
DISP w/ H2O					AFU Inserts										
2nd Plug 600'					Float Shoe										
40x 60/40 4 1/2 GEL					Latch Down										
DISP w/ H2O															
3rd Plug 230'															
60x 60/40 4 1/2 GEL															
DISP w/ H2O					Pumptrk Charge PTA										
40'					Mileage 15										
30x 60/40 4 1/2 GEL															
THANKS TODD SEAL & M. Ke															
Signature															
										Tax					
										Discount					
										Total Charge					

PLEASE  
CALL  
1-978-244-1111