



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

KANSAS CORPORATION COMMISSION 1084662
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.

324 Simpson St.
Pratt, KS 67124

Invoice

Date	Invoice #
6/13/2012	C-509

Bill To
Knighton Oil Co 1700 N. Waterfront Parkway, Bldg. 100-Suite A Wichita KS 67206-6614

*Casey
plug & abandon (#1)*

P.O. No.	Terms	Lease Name
	Net	Casey #1

Description	Qty	Rate	Amount
Common	186	13.50	2,511.00T
Poz	124	8.50	1,054.00T
Gel	11	20.50	225.50T
Hulls	4	45.00	180.00T
Handling	321	2.10	674.10T
.08 * sacks * miles	9,920	0.08	793.60T
Plug	1	950.00	950.00T
LMV	32	2.00	64.00T
Pump Truck Mileage	32	8.00	256.00T
Discount	670.82	-1.00	-670.82T
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Casey #1 Rooks Co.			

Thank You for your business!	Subtotal	\$6,037.38
	Sales Tax (6.3%)	\$380.35
	Total	\$6,417.73

WELL FILE

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

5486

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	6-12-12	Sec.	16	Twp.	9	Range	19	County	Rooks	State	KS	On Location		Finish	12:30 Pm.	
Lease	Casey		Well No.		1		Location Zurich 2 1/4 N West into									
Contractor	Fisher 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.								
Csg.								Depth								
Tbg. Size								Depth								
Tool								Depth								
Cement Left in Csg.								Shoe Joint								
Meas Line								Displace								
EQUIPMENT										Charge To						
										Knighton Oil						
Pumptrk 8 No.										Common 186						
Bulktrk 5 No.										Poz. Mix 124						
Bulktrk No.										Gel. 11						
Pickup No.										Calcium						
JOB SERVICES & REMARKS										Hulls 400#						
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 st Hooked up to 8 5/8 surface, pumped 14 bbl water, Max psi 250										Sand						
										Handling 321						
										Mileage 32						
2 nd Hooked up to 2 3/8 tubing pumped 255x 60/40 4% Gel mixed in 300# Hulls in 175x 60/40 4% @ 2325										FLOAT EQUIPMENT						
										Guide Shoe						
										Centralizer						
										Baskets						
3 rd Hooked up to 2 3/8 tubing pumped 90s 60/40 4% Gel and 100# Hulls @ 1116										AFU Inserts						
										Float Shoe						
										Latch Down						
4 th Topped off 5 1/2 csg with 200x																
										Pumptrk Charge PTA						
										Mileage 32						
										Tax						
										Discount						
X Signature <i>[Signature]</i>										Total Charge						