



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

KANSAS CORPORATION COMMISSION 1091336
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

5479

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	4-25-12	Sec.	31	Twp.	28	Range	22	County	Ford	State	KS	On Location		Finish	12:00pm
Lease	Imel	Well No.	2-31		Location		Kysdown 3N 1 1/2 W N. to								
Contractor	Duke #1	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	Surface	T.D.		656		Charge To									
Hole Size	12 1/4	Depth		656		Wincant									
Csg.	8 5/8	Depth		Street											
Tbg. Size		Depth		City State											
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		230sr 65/35 6 3/4 gal 3%cc									
EQUIPMENT				1 1/4" # 510 100sr com 3%cc 2% gal 1 1/4" # 110											
Pumptrk	No. 8	Common		240											
Bulktrk	No. 4	Poz. Mix		90											
Bulktrk	No. 9	Gel.		14											
Pickup	No.	Calcium		12											
JOB SERVICES & REMARKS				Hulls											
Rat Hole		Salt													
Mouse Hole		Flowseal		87.5											
Centralizers		Kol-Seal													
Baskets		Mud CLR 48													
D/V or Port Collar		CFL-117 or CD110 CAF 38													
Ran 15 hrs of 8 5/8 casing and landing it				Sand											
				Handling		356									
				Mileage		50									
				FLOAT EQUIPMENT											
Est circulation with mud pump				Guide Shoe											
				Centralizer											
Mixed 230sr 65/35 and tailed in with 100sr com - shut down released plug and disp with 39.06 hbl 1/20 Plug landed @ 500ps.				Baskets											
				AFU Inserts											
				Float Shoe											
				Latch Down											
				1 8 7/8 Wooden Plug											
Cement did circulate				1 8 7/8 Rattle Plate											
				Pumptrk Charge		Surface									
Thank You				Mileage		50									
				Tax											
				Discount											
X Signature [Signature]				Total Charge											

QUALITY WELL SERVICE, INC.

5531

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

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

Date	5-4-12	Sec.	31	Twp.	28	Range	22	County	Ford	State	Ks	On Location		Finish	2:00am
Lease	Imel	Well No.	2-31		Location Kingsdown 2N 34W Ninto										
Contractor	Duke 1				Owner										
Type Job	Rotary Plug				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.	Depth				Vincent O.I 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 170sx 60/40 4% Gel										
EQUIPMENT															
Pumptrk	8	No.	Heath		Common 110										
Bulktrk	9	No.	Dave		Poz. Mix 60										
Bulktrk		No.			Gel. 6										
Pickup		No.			Calcium										
JOB SERVICES & REMARKS															
Rat Hole	30sx				Hulls										
Mouse Hole	20sx				Salt										
Centralizers					Flowseal										
Baskets					Kol-Seal										
D/V or Port Collar					Mud CLR 48										
					CFL-117 or CD110 CAF 38										
					Sand										
	1 st pumped 50sx 60/40 4% Gel @ 1560				Handling 176										
					Mileage 50										
FLOAT EQUIPMENT															
	2 nd pumped 50sx 60/40 4% Gel @ 690				Guide Shoe										
					Centralizer										
					Baskets										
	3 rd pumped 20sx 60/40 4% Gel @ 60				AFU Inserts										
					Float Shoe										
					Latch Down										
	Patchde 30sx 60/40 4% Gel														
	Mousehole 20sx 60/40 4% Gel				Pumptrk Charge Rotary Plug										
					Mileage 50										
												Tax			
												Discount			
												Total Charge			
X Signature	Mike Godfrey														