



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

KANSAS CORPORATION COMMISSION 1092433
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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.

5549

Federal Tax I.D. # 48-1187368

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	5/21/12	Sec.	28	Twp.	32	Range	10	County	Polk	State	KS	On Location		Finish	
Lease	McGraw	Well No.	L-2				Location	SHAWNEE 2500X 6.5 FT NO. 8 1/2 GAL 5 1/2							
Contractor	Goodly Well Service														
Type Job	PTH														
Hole Size	T.D.														
Csg.	5 1/2	Depth													
Tbg. Size	Depth														
Tool	Depth														
Cement Left in Csg.	Shoe Joint														
Meas Line	Displace														
EQUIPMENT															
Pumptrk	6	No.	P-1												
Bulktrk	5	No.	P-2												
Bulktrk		No.	S-1												
Pickup		No.													
JOB SERVICES & REMARKS															
Rat Hole	Salt														
Mouse Hole	Flowseal														
Centralizers	Kol-Seal														
Baskets	Mud CLR 48														
DV or Port Collar	CFL-117 or CD110 CAF 38														
	Sand														
	Handling														
	10 gal														
	Mileage 10														
	FLOAT EQUIPMENT														
	Guide Shoe														
	Centralizer														
	Baskets														
	AFU Inserts														
	Float Shoe														
	Latch Down														
	Pumptrk Charge 177														
	Mileage 10														
	Tax														
	Discount														
	Total Charge														
X Signature															