



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

KANSAS CORPORATION COMMISSION 1092600
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

5481

Home Office 324 Simpson St., Pratt, KS 67124

Office / Fax 620-672-3663

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

Date	5-9-12	Sec.	28	Twp.	29	Range	24	County	Ford	State	Ks	On Location		Finish	12:45			
Lease	High Plains	Well No.	1-28-			Location Bloom West to 114 RD North to XRD												
Contractor	Duke 1				Owner 1/2 East 5 into													
Type Job	Surface				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	12 1/4		T.D.			669			Charge To			Vincent oil Corp						
Csg.	8 5/8		Depth			655.92			Street									
Tbg. Size			Depth						City			State						
Tool			Depth						City			State						
Cement Left in Csg.	42.		Shoe Joint			42.32			The above was done to satisfaction and supervision of owner agent or contractor.									
Meas Line			Displace			39 bbls			Cement Amount Ordered 230sx 65/35 6% Gel 3% CC 1/4 C.F. 100sx common 2% Gel 3% CC 1/4 C.F.									
EQUIPMENT																		
Pumptrk	8	No.	Dave			Common						240						
Bulktrk	4	No.	Sean			Poz. Mix						90						
Bulktrk	7	No.	Mike			Gel.						14						
Pickup		No.				Calcium						12						
JOB SERVICES & REMARKS																		
Rat Hole												Hulls						
Mouse Hole												Salt						
Centralizers												Flowseal				82.5		
Baskets												Kol-Seal						
D/V or Port Collar												Mud CLR 48						
												CFL-117 or CD110 CAF 38						
												Sand						
	Ran 15 jts New 8 5/8 csg.											Handling				356		
												Mileage				50		
	Est. Circulation with Mud pump											FLOAT EQUIPMENT						
	Mixed 230sx 65/35 6% gel 3% CC 1/4 C.F.											Guide Shoe						
	tailed in with 100sx Common 2% Gel											Centralizer						
	3% CC 1/4 C.F. Shot down released Plug.											Baskets						
	Displace 39 bbls.											AFU Inserts						
												Float Shoe						
												Latch Down						
												1 8 5/8 Baffle Plate						
	Cement did circulate to surface.											1 8 5/8 Wooden Plug.						
												Pumptrk Charge				Surface.		
	Plug landed @ 500psi											Mileage				50		
																Tax		
																Discount		
																Total Charge		
X Signature	Mike [Signature]																	

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

5491

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	5-18-12	Sec.	28	Twp.	29	Range	24	County	Ford	State	KS	On Location		Finish	9:30 AM
Lease	High Plains	Well No.	1-28		Location Bloom west to 114th N to X80 1/2 East.										
Contractor	Duke 1				Owner Nunto										
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.										
Csg.					Depth										
Tbg. Size					Depth										
Tool					Depth										
Cement Left in Csg.					Shoe Joint										
Meas Line					Displace										
												Charge To Vincent oil Corp			
												Street			
												City State			
												The above was done to satisfaction and supervision of owner agent or contractor.			
												Cement Amount Ordered 200sy 60/40 4% gel			
EQUIPMENT															
Pumptrk	8	No.			Common 120										
Bulktrk	7	No.			Poz. Mix 80										
Bulktrk		No.			Gel. 7										
Pickup		No.			Calcium										
JOB SERVICES & REMARKS															
Rat Hole	30sy 60/40 4% gel														
Mouse Hole	20sy 60/40 4% gel														
Centralizers															
Baskets															
D/V or Port Collar	CFL-117 or CD110 CAF 38														
1 st Pumped	50sy 60/40 4% Gel @ 1550														
2 nd Pumped	80sy 60/40 4% @ 680														
3 rd Pumped	20sy 60/40 4% @ 60														
FLOAT EQUIPMENT															
Guide Shoe															
Centralizer															
Baskets															
AFU Inserts															
Float Shoe															
Latch Down															
Pumptrk Charge Rotary Plug															
Mileage 50															
												Tax			
												Discount			
												Total Charge			
X Signature <i>Mike G. Gaffney</i>															