



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

KANSAS CORPORATION COMMISSION 1100182
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.

5733

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	10-18-12	Sec.	25	Twp.	17	Range	14	County	Barton	State	KS	On Location		Finish	2:45-3:15pm					
Lease	Schlessiger		Well No.		1-25		Location									11051ngton, KS 2W 1/4 N W into				
Contractor	Sterling #4							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. 3476							Charge To									shelby			
Csg.	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									185sx 60/40 4% gel			
EQUIPMENT												1/4" # F10								
Pumptrk	No.	8	Cody					Common									115			
Bulktrk	No.	10	Sean					Poz. Mix									70			
Bulktrk	No.							Gel.									6			
Pickup	No.							Calcium												
JOB SERVICES & REMARKS												Hulls								
Rat Hole	30sx							Salt												
Mouse Hole								Flowseal									46.25			
Centralizers								Kol-Seal												
Baskets								Mud CLR 48												
D/V or Port Collar								CFL-117 or CD110 CAF 38												
1st plug @ 3360 = 25sx												Sand								
2nd plug @ 900 = 40sx												Handling				191				
3rd plug @ 350 = 80sx												Mileage				15				
4th plug @ 40 = 10sx and wiper plug												FLOAT EQUIPMENT								
												Guide Shoe								
												Centralizer								
												Baskets								
												AFU Inserts								
												Float Shoe								
												Latch Down								
												Pumptrk Charge				Rotary Plug				
Thank You!!												Mileage				15				
												Tax								
												Discount								
												Total Charge								
X Signature																				