



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

KANSAS CORPORATION COMMISSION 1106260
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.

5784

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	12-11-12	Sec.	11	Twp.	16	Range	17	County	Rock	State	Ks	On Location		Finish						
Lease	Well No.		1		Location															
Contractor	Quality 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.							Charge To												
Csg.	55							To (W.P.C.O)												
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												
EQUIPMENT										25 gal. Gel. in csg.										
Pumptrk	No.						Common					75								
Bulktrk	No.						Poz. Mix					40								
Bulktrk	No.						Gel.					29								
Pickup	No.						Calcium													
JOB SERVICES & REMARKS										Hulls						800 #				
Rat Hole										Salt										
Mouse Hole										Flowseal										
Centralizers										Kol-Seal										
Baskets										Mud CLR 48										
D/V or Port Collar										CFL-117 or CD110 CAF 38										
										Sand										
1 st Pumptrk 10 gal. gel. well 1170'										Handling						149				
Cement 10 gal. 1170'										Mileage						30				
800 # Hulls 800 # 1170' 4%										FLOAT EQUIPMENT										
2. 1170'										Guide Shoe										
										Centralizer										
2 nd Pumptrk 5 gal. 1170'										Baskets										
5 1170'										AFU Inserts										
										Float Shoe										
3 rd Pumptrk 20 gal. 1170'										Latch Down										
40 1170'																				
										Pumptrk Charge						PTA				
										Mileage						30				
										Tax										
										Discount										
X Signature										Total Charge										