



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

KANSAS CORPORATION COMMISSION 1108342
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.


5677

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	9-19-12	Sec.	24	Twp.	28	Range	23	County	Ford	State	KS	On Location		Finish	8:30
Lease	Clevenger		Well No.	1-24		Location Kingsdown 4N 1W 1/2N West into									
Contractor	Val 1					Owner									
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.		Charge To										
Csg.	9 5/8		Depth		647		Vincent								
Tbg. Size			Depth		Street										
Tool			Depth		City					State					
Cement Left in Csg.	20'		Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.										
Meas Line			Displace		39.9		Cement Amount Ordered 220sx 65/35 6% Gel								
EQUIPMENT										3% cc 1/4 c.f. 100sx Common 2% Gel 3% cc 1/4 c.f.					
Pumptrk	6	No.	Dome		Common 235										
Bulktrk	7	No.	M.L.		Poz. Mix 85										
Bulktrk	9	No.	Sec.		Gel. 14										
Pickup		No.			Calcium 12										
JOB SERVICES & REMARKS										Hulls					
Rat Hole										Salt					
Mouse Hole										Flowseal 82.5					
Centralizers										Kol-Seal					
Baskets										Mud CLR 48					
D/V or Port Collar										CFL-117 or CD110 CAF 38					
										Sand					
Roo 15' to 8 5/8 csg.										Handling 346					
										Mileage 50					
Established circulation with Mud Pump										FLOAT EQUIPMENT					
										Guide Shoe					
										Centralizer					
Mixed and pumped 220sx 65/35 6% Gel 3% cc 1/4 c.f. 100sx Common 2% Gel 3% cc 1/4 c.f.										Baskets					
Displaced with 39.9 lbs water										AFU Inserts					
Cement did circulate										Float Shoe					
										Latch Down					
										8 5/8 wooden Plug					
										Pumptrk Charge Surface					
										Mileage 50					
										Tax					
										Discount					
X Signature 										Total Charge					

ALLIED OIL & GAS SERVICES, LLC 053892

Federal Tax I.D.# 20-8978604

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge, KS

Cleveland

DATE	09-27-12	SEC	24	TWP.	28s	RANGE	23w	CALLED OUT		ON LOCATION		JOB START		JOB FINISH	4:15 PM	
LEASE	Cleveland	WELL #	1-24	LOCATION	Kingsdown, KS 4 N, 12 W, 24 W						COUNTY	Foard	STATE	KS		
OLD OR NEW (Circle one)	NEW				w/float										1-03	7.95

CONTRACTOR Val #1 OWNER Vincent

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8 T.D. _____

CASING SIZE 8 5/8 DEPTH 630'

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 1550'

TOOL _____ DEPTH _____

PRES. MAX 250' MINIMUM _____

MEAS. LINE _____ SHOE JOINT n/a

CEMENT LEFT IN CSG. n/a

PERFS. _____

DISPLACEMENT Fresh H₂O & Mud

CEMENT AMOUNT ORDERED 170 sk 60:40:40 gel
+ 1/4" floes

COMMON class A	102 sk @ 17.10	1825.00
POZ MIX	68 sk @ 9.35	635.00
GEL	6 sk @ 23.90	140.00
CHLORIDE		
ASC		
Floes 1	4 sk @ 2.97	127.11
HANDLING	199.75	445.16
MILEAGE	1.6 hr @ 50.2	1064.00
		988
	380	TOTAL 4237.49
		4163.49

EQUIPMENT

PUMP TRUCK CEMENTER D. Felix

471-555 HELPER D. Franklin

BULK TRUCK

421-252 DRIVER J. Heard

BULK TRUCK

_____ DRIVER _____

REMARKS:

See Job Log

Contract Did Cice.

THX

CHARGE TO: Vincent

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB # 1550'

PUMP TRUCK CHARGE 1825.00

EXTRA FOOTAGE _____

MILEAGE 50 @ 7.10 395.00

MANIFOLD N/A @ 1/4 _____

Light Vehicle 50 @ 4.40 220.00

TOTAL 1955.00

PLUG & FLOAT EQUIPMENT

None

TOTAL _____

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Walter Russell

SIGNATURE [Signature]

SALES TAX (If Any) 478.96

TOTAL CHARGES 6018.49 6094.49

DISCOUNT 1504.62 IF PAID IN 30 DAYS

4573.87 4775.89