



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

KANSAS CORPORATION COMMISSION 1114668
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.

5811

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	Sec.	Twp.	Range	County	State	On Location	Finish
12-21-12	20	29	17	King	KS		
Lease	Well No.		Location				
Grey	1-20						
Contractor	Owner						
Quality Well Service	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.			
Type Job	Hole Size			T.D.			
MHA							
Csg.	Depth		Charge To				
55			ACCO Engineering				
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				
			1200 60/40 4 1/2 gal				
EQUIPMENT			1500 10/40 4 1/2 gal				
Pumptrk	No.	Common		75			
Bulktrk	No.	Poz. Mix		45			
Bulktrk	No.	Gel.		19			
Pickup	No.	Calcium					
JOB SERVICES & REMARKS			Hulls				
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" Round 10 gal 50 60/40 4 1/2 gal			Handling 1-5				
7 1080			Mileage 35				
			FLOAT EQUIPMENT				
2" Pumped 50 60/40 4 1/2 gal			Guide Shoe				
7 470			Centralizer				
			Baskets				
2" Pumped 20 60/40 4 1/2 gal			AFU Inserts				
7 40 # valves			Float Shoe				
			Latch Down				
			Pumptrk Charge				
			Mileage				
			Tax				
			Discount				
X Signature			Total Charge				

QUALITY WELL SERVICE, INC.

5808

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

Date	1-29-13	Sec.	20	Twp.	29	Range	17	County	Kiowa	State	KS	On Location	Finish
Lease	Grey	Well No.	1-70		Location								
Contractor	Quality Well Service							Owner					
Type Job	Purposed Bottom							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.	5.5							Larson Engineering					
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 300 c.c.m.					
EQUIPMENT													
Pumptrk	6	No.					Common 30						
Bulktrk	10	No.					Poz. Mix						
Bulktrk		No.					Gel.						
Pickup		No.					Calcium						
JOB SERVICES & REMARKS													
Rat Hole								Hulls 200 #					
Mouse Hole								Salt					
Centralizers								Flowseal					
Baskets								Kol-Seal					
D/V or Port Collar								Mud CLR 48					
								CFL-117 or CD110 CAF 38					
								Sand					
	1" Pumped 300 c.c.m. cement							Handling 30.					
	and 200 # Hulls down 5.5 csg.							Mileage 35					
	1" Pumped 113 lbs H ₂ O							FLOAT EQUIPMENT					
	Mud 5.0 2" 1.5 2" 0							Guide Shoe					
								Centralizer					
								Baskets					
								AFU Inserts					
								Float Shoe					
								Latch Down					
								Pumptrk Charge					
								Mileage 35					
								Tax					
								Discount					
								Total Charge					
X Signature													