



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

KANSAS CORPORATION COMMISSION 1125525
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.

5774

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	11-21-12	Sec.	28	Twp.	29	Range	24	County	Ford	State	KS	On Location		Finish	2:30
Lease	High Plains	Well No.	2-28		Location										
Contractor	Duke 10				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.		650										
Csg.	8 5/8		Depth		646										
Tbg. Size			Depth		Charge To Vincent oil										
Tool			Depth		Street										
Cement Left in Csg.			Shoe Joint		City State										
Meas Line			Displace		38.5										
EQUIPMENT										The above was done to satisfaction and supervision of owner agent or contractor.					
										Cement Amount Ordered 2205x 6.5/3.5 6% Gel 3% CC 1/4 C.F. 100sx 10mm 2% Gel 3% CC					
Pumptrk	8	No.	Cody		Common 235										
Bulktrk	9	No.	David		Poz. Mix 85										
Bulktrk	10	No.			Gel. 14										
Pickup		No.			Calcium 12										
JOB SERVICES & REMARKS										Hulls					
Rat Hole										Salt					
Mouse Hole										Flowseal 82.50					
Centralizers										Kol-Seal					
Baskets										Mud CLR 48					
D/V or Port Collar										CFL-117 or CD110 CAF 38					
Ran 15jts 8 5/8 csg										Sand					
Established circulation with Mud-Amp.										Handling 346					
Mixed and pumped 720sx 6.5/3.5 6% Gel 3% CC 1/4 C.F. 100sx common 2% Gel 3% CC. Displaced with 38.5 bbls H ₂ O. Plug landed @ 500PSI										Mileage 50					
cement did circulate										FLOAT EQUIPMENT					
										Guide Shoe					
										Centralizer					
										Baskets					
										AFU Inserts					
										Float Shoe					
										Latch Down					
										8 5/8 Baffle Plate					
										8 5/8 wooden Plug					
										Pumptrk Charge Surface					
										Mileage 50					
Signature: <i>Scott Edmund</i>										Tax					
										Discount					
										Total Charge					

QUALITY WELL SERVICE, INC.

5779

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	12-3-12	Sec.	28	Twp.	29	Range	24	County	Ford	State	KS	On Location		Finish	7:45
Lease	High Plains	Well No.	2-28		Location										
Contractor	Duke 10				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.				Charge To										
Csg.	Depth				Vincent										
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 170sv 60/40 4% Gel 1/4 c.f.										
EQUIPMENT															
Pumptrk	8	No.	Cody		Common 105										
Bulktrk	10	No.	David		Poz. Mix 65										
Bulktrk		No.			Gel. 6										
Pickup		No.			Calcium										
JOB SERVICES & REMARKS															
Rat Hole	30				Hulls										
Mouse Hole	20				Salt										
Centralizers					Flowseal 42.50										
Baskets					Kol-Seal										
D/V or Port Collar					Mud CLR 48										
					CFL-117 or CD110 CAF 38										
					Sand										
1 st Pumped	50sv 60/40 4% Gel				Handling 176										
@	1580'				Mileage 50										
FLOAT EQUIPMENT															
2 nd Pumped	50sv 60/40 4% Gel				Guide Shoe										
@	1660'				Centralizer										
					Baskets										
3 rd Pumped	20sv 60/40 4% Gel				AFU Inserts										
@	60'				Float Shoe										
					Latch Down										
	30sv Rat Hole - 20sv mouse hole														
					Pumptrk Charge Rotary Plug										
					Mileage 50										
														Tax	
														Discount	
														Total Charge	
X Signature <i>Heath Edwards</i>															