



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

KANSAS CORPORATION COMMISSION 1131070
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.

5840

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

OFFICE 620-727-3410
Office / Fax 620-672-3663

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

Date	3-7-13	Sec.	16	Twp.	34	Range	20	County	Comanche	State	KS	On Location		Finish		
Lease	Solzer	Well No.	16-7			Location										
Contractor	Quality Well Service							Owner								
Type Job	Pumped 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	1							T.D.								
Csg.	5.5							Depth								
Tbg. Size								Depth								
Tool								Depth								
Cement Left in Csg.								Shoe Joint								
Meas Line								Displace								
EQUIPMENT										The above was done to satisfaction and supervision of owner agent or contractor.						
Pumptrk	6	No.	Dowd				Common								25	
Bulktrk	9	No.	m.k.e				Poz. Mix								10	
Bulktrk		No.					Gel.								1	
Pickup		No.					Calcium								1	
JOB SERVICES & REMARKS										Hulls						250 #
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						
Pumped 35sx 60 140 4% Gel										Handling						37
250 # Hulls down 5.5 csg.										Mileage						35
Displaced with 123.6 bbls H ² O										FLOAT EQUIPMENT						
Shut in 200 psi										Guide Shoe						
										Centralizer						
										Baskets						
										AFU Inserts						
										Float Shoe						
										Latch Down						
										Pumptrk Charge						Pumped Bottom
										Mileage						35
										Tax						
										Discount						
X Signature										Total Charge						

QUALITY WELL SERVICE, INC.

5841

Federal Tax I.D. # 481187368

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Office / Fax 620-672-3663

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

Date	3-11-13	Sec.	16	Twp.	34	Range	20	County	Comanche	State	KS	On Location		Finish	2	
Lease	S1200	Well No.	16-7			Location										
Contractor	Quality Well Service							Owner								
Type Job	PTH							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 1605x 60/40 4% Gel								
EQUIPMENT										150 Gal on side.						
Pumptrk	6	No.	Level				Common 100									
Bulktrk	10	No.	M Ke				Poz. Mix 60									
Bulktrk		No.					Gel. 21									
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 st Pumped 155x Gel 50% 60/40 4%										Handling 181						
@ 8 1/2'										Mileage 35						
										FLOAT EQUIPMENT						
2 nd Pumped 40% 60/40 4% @										Guide Shoe						
710										Centralizer						
										Baskets						
3 rd Pumped 50% 60/40 4% @										AFU Inserts						
320										Float Shoe						
										Latch Down						
4 th Pumped 20% 60/40 4% @										5.5 Rubber Plug						
40 to surface.																
										Pumptrk Charge PTH						
										Mileage 35						
X Signature										Tax						
										Discount						
										Total Charge						