



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

KANSAS CORPORATION COMMISSION 1131088
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.

5844

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	3-12-13	Sec.	11	Twp.	24	Range	20	County	Greene	State	KS	On Location		Finish	2:00 pm	
Lease	11200	Well No.	11 27	Location												
Contractor	Quality Well Service							Owner								
Type Job	17 ft							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							Depth								
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 1600 11/10/13								
EQUIPMENT																
Pumptrk	No.											Common 160				
Bulktrk	No.											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				
1' 1/2" 11/10/13 11/10/13 4/16												Sand				
2' 1/2" 11/10/13 11/10/13 4/16												Handling 121				
												Mileage 5				
												FLOAT EQUIPMENT				
2' 1/2"												Guide Shoe				
												Centralizer				
2' 1/2"												Baskets				
												AFU Inserts				
												Float Shoe				
1' 1/2"												Latch Down				
												Pumptrk Charge 17.00				
												Mileage 15				
												Tax				
												Discount				
												Total Charge				
X Signature																

QUALITY WELL SERVICE, INC.

5842

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

OFFICE 720-727-3410
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
5-2-10	14	34	20	C	K		
Lease	Well No.		Location				
5-12-10	11-2X						
Contractor				Owner			
Quality Well Service				To Quality Well Service, Inc.			
Type Job				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.			
Csg.				Depth			
Tbg. Size				Depth			
Tool				Depth			
Cement Left in Csg.				Shoe Joint			
Meas Line				Displace			
				Cement Amount Ordered			
				250 lbs			
EQUIPMENT							
Pumptrk	No.			Common			
6				20			
Bulktrk	No.			Poz. Mix			
11				10			
Bulktrk	No.			Gel.			
				1			
Pickup	No.			Calcium			
				1			
JOB SERVICES & REMARKS							
Rat Hole				Hulls			
				20 #			
Mouse Hole				Salt			
Centralizers				Flowseal			
Baskets				Kol-Seal			
D/V or Port Collar				Mud CLR 48			
				CFL-117 or CD110 CAF 38			
				Sand			
				Handling			
				20			
				Mileage			
				25			
FLOAT EQUIPMENT							
				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge			
				1000.00			
				Mileage			
				25			
				Tax			
				Discount			
				Total Charge			
				1025.00			
X Signature							