



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

KANSAS CORPORATION COMMISSION 1134716
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.

(Print Name) Employee of Operator or Operator on above-described well,

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.

5754

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	11-20-12	Sec.	1	Twp.	21	Range	14	County	Stafford	State	KS	On Location		Finish	5:30-6:00p
Lease	Morrison	Well No.	2-1		Location Great Bend, KS 5 S 3 1/2 W 1/2 S W into										
Contractor	Precision Drilling #1							Owner							
Type Job	PTA							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.												
Csg.	8 5/8		Depth												
Tbg. Size			Depth												
Tool			Depth												
Cement Left in Csg.			Shoe Joint												
Meas Line			Displace 2 1/4 bbl												
EQUIPMENT															
Pumptrk	No.	8	Cody												
Bulktrk	No.	7	m.k												
Bulktrk	No.	4	Brett												
Pickup	No.														
JOB SERVICES & REMARKS															
Rat Hole															
Mouse Hole															
Centralizers															
Baskets															
D/V or Port Collar															
Lost Circulation on 8 5/8 surface - stuck in hole - tie on to 8 5/8 and mix 300 sx to circulate cement to surface and fill casing full															
FLOAT EQUIPMENT															
Guide Shoe															
Centralizer															
Baskets															
AFU Inserts															
Float Shoe															
Latch Down															
Thank You!!															
Pumptrk Charge PTA															
Mileage 10															
Tax															
Discount															
Total Charge															
X Signature 															