



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

KANSAS CORPORATION COMMISSION 1149991
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

1100582

QUALITY WELL SERVICE, INC.

384-5422
5882

Federal Tax I.D. # 481187368

Office
Heath's Cell 620-727-3410
Office / Fax 620-672-3663

Home Office 324 Simpson St., Pratt, KS 67124

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

Date	5-7-13	Sec.	32	Twp.	10	Range	17	County	Govt	State	Ks	On Location	11/15	Finish	6'3"
Lease	Kilman		Well No.	41		Location		Planoille Ks SS to Port CC							
Contractor	White Knight Dols														
Type Job	PTA														
Hole Size	7 7/8		T.D.	3600'											
Csg.	4 1/2 D P		Depth												
Tbg. Size			Depth												
Tool			Depth												
Cement Left in Csg.			Shoe Joint												
Meas Line			Displace												
EQUIPMENT															
Pumptrk	8	No.	Beard	Common 153											
Bulktrk	7	No.	M.K.E	Poz. Mix 102											
Bulktrk		No.		Gel. 9											
Pickup		No.	FOOS	Calcium											
JOB SERVICES & REMARKS															
Rat Hole	3Dx		Hulls												
Mouse Hole			Flowseal 64"												
Centralizers			Kol-Seal												
Baskets			Mud CLR 48												
DM or Port Collar			CFL-117 or CD110 CAF 38												
1st Plug	3552'		Sand												
SDx	60/40 4 1/2 GEL 1/4" CF.		Handling 264												
Disp w/ Mso			Mileage 20												
FLOAT EQUIPMENT															
2nd Plug	1260'		Guide Shoe												
25x	60/40 4 1/2 GEL 1/4" CF.		Centralizer												
Disp H2s			Baskets												
AFU Inserts															
3rd Plug	675'		Float Shoe												
100x	60/40 4 1/2 GEL 1/4" CF.		Latch Down												
0.50 H2s			1 492 Dry Hole Plug												
4th Plug	255'		LMO 20												
40x	60/40 4 1/2 GEL 1/4" CF.		Pumptrk Charge PTA												
0.50 H2s			Mileage 20												
5th Plug	40'		Tax												
100x	60/40 4 1/2 GEL 1/4" CF		Discount												
X Signature	Taylor		Total Charge												