

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1153904

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.

324 Simpson St.
Pratt, KS 67124

Invoice

Date	Invoice #
2/27/2013	C-786

Bill To
Continental Operating P.O. Box 52 Hays, KS 67601

P.O. No.	Terms	Lease Name
		Hammerschmit #2

Description	Qty	Rate	Amount
Common	210	15.50	3,255.00T
Poz	140	9.50	1,330.00T
Gel	12	20.50	246.00T
Plug	1	950.00	950.00T
Handling	362	2.10	760.20T
.08 * sacks * miles	12,250	0.08	980.00T
LMV	35	2.00	70.00T
Pump Truck Mileage	35	8.00	280.00T
Discount	1,338.1	-1.00	-1,338.10T
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Hammerschmit #2 Rooks Co.			

Thank You for your business

Subtotal \$6,533.10

Sales Tax (6.3%) \$411.59

Total \$6,944.69

QUALITY WELL SERVICE, INC.

5830

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 <u>2-26-13</u>	Sec.	Twp.	Range	County <u>Rooks</u>	State <u>KS</u>	On Location	Finish <u>11:00-11:30</u>
Lease <u>Hammerschmidt</u>	Well No. <u>2</u>		Location <u>Zurich, KS 2 1/2 S Winto</u>				
Contractor <u>CO Tools</u>				Owner			
Type Job <u>PTA</u>				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 <u>Continental operating</u>			
Csg. <u>8 5/8</u>		Depth		Street			
Tbg. Size		Depth		City			
Tool		Depth		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 <u>350sx 60/40 9 1/2 gal</u>			
EQUIPMENT							
Pumptrk	No. <u>8</u>	<u>Cody</u>		Common <u>210</u>			
Bulktrk	No. <u>7</u>	<u>Mike</u>		Poz. Mix <u>140</u>			
Bulktrk	No.			Gel. <u>12</u>			
Pickup	No.			Calcium			
JOB SERVICES & REMARKS							
Rat Hole				Hulls			
Mouse Hole				Salt			
Centralizers				Flowseal			
Baskets				Kol-Seal			
D/V or Port Collar				Mud CLR 48			
<u>1st plug @ 620 = 275sx - conic out</u>				CFL-117 or CD110 CAF 38			
<u>of hole and put 5 1/2 sledge on 9 5/8</u>				Sand			
<u>casing and top off with 55sx</u>				Handling <u>362</u>			
				Mileage <u>35</u>			
FLOAT EQUIPMENT							
<u>Pressured up to 300psi and shut in</u>				Guide Shoe			
<u>@ 150psi</u>				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge <u>PTA</u>			
<u>Thank you.</u>				Mileage <u>35</u>			
				Tax			
				Discount			
X Signature <u>Kory Pfeiffer</u>				Total Charge			