

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

WELL PLUGGING RECORD
K.A.R. 82-3-117

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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.

Federal Tax I.D. # 481187368

5830

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	Sec.	Twp.	Range	County	State	On Location	Finish
2-26-13				Rooks	KS		11:00-11:30
Lease Hammerschmidt	Well No.	2		Location Zurich, KS 2 1/2 S Winta			
Contractor CO Tools				Owner			
Type Job PTA				To Quality Well Service, Inc.			
Hole Size	T.D.			You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Csg. 8 5/8	Depth			Charge To	Continental Operating		
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 350sr 60/40 4 1/2% gel			
EQUIPMENT							
Pumptrk	No. 8	Cody			Common 210		
Bulktrk	No. 7	Mike			Poz. Mix 140		
Bulktrk	No.				Gel. 12		
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		
1st plug @ 620 = 275sr - come out of hole and put 5 1/2 wedge on 9 5/8 casing and top off with 55sr					Sand		
					Handling 362		
					Mileage 35		
					FLOAT EQUIPMENT		
Pressured up to 300psi and shut in @ 150psi					Guide Shoe		
					Centralizer		
					Baskets		
					AFU Inserts		
					Float Shoe		
					Latch Down		
					Pumptrk Charge PTA		
Thank You.					Mileage 35		
					Tax		
							Discount
					Total Charge		
Signature Kory Peeler							