



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

KANSAS CORPORATION COMMISSION 1156432
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

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.
 _____ 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.

5985

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	8-2-31	Sec.	16	Twp.	28	Range	8	County	Kingman	State	Ks.	On Location	Finish
Lease	McKenna	Well No.	161	Location									
Contractor	Quality Well Service							Owner					
Type Job	Pumped Refurb.							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							To Messenger oil					
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 30x Common.					
EQUIPMENT													
Pumptrk	6	No.	David					Common 30					
Bulktrk	9	No.	Mike					Poz. Mix					
Bulktrk		No.						Gel.					
Pickup		No.						Calcium					
JOB SERVICES & REMARKS													
Rat Hole								Hulls 200 #					
Mouse Hole								Salt					
Centralizers								Flowseal					
Baskets								Kol-Seal					
D/V or Port Collar								Mud CLR 48					
								CFL-117 or CD110 CAF 38					
								Sand					
	1 st Pumped 30sx common 200 # Hulls.							Handling 30					
	down 5.5 csg. Displaced with 85HLL							Mileage 35					
	H ² O to 3300' shot in 1200 psi							FLOAT EQUIPMENT					
								Guide Shoe					
								Centralizer					
								Baskets					
								AFU Inserts					
								Float Shoe					
								Latch Down					
								Pumptrk Charge Pumped Bottom					
								Mileage 35					
								Tax					
								Discount					
								Total Charge					
X	Signature												

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Date <i>8-6-13</i>	Sec. <i>16</i>	Twp. <i>28</i>	Range <i>E</i>	County <i>Pratt</i>	State <i>Ks.</i>	On Location	Finish
Lease <i>McKenna</i>		Well No. <i>101</i>		Location			
Contractor <i>Quality Well Service</i>				Owner			
Type Job <i>PTA</i>		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 <i>Messenger</i>			
Csg. <i>S.S</i>		Depth		Street			
Tbg. Size		Depth		City State			
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 <i>185sr 60/40 4% Gel</i>			
EQUIPMENT							
Pumptrk <i>6</i>	No.	<i>Dwell</i>		Common <i>115</i>			
Bulktrk <i>4</i>	No.	<i>seal</i>		Poz. Mix <i>70</i>			
Bulktrk	No.	<i>Ed.</i>		Gel. <i>6</i>			
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			
				Sand			
<i>1st Pumped 35sr 60/40 4% Gel @ 1200'</i>				Handling <i>191</i>			
				Mileage			
FLOAT EQUIPMENT							
<i>2nd Pumped 35sr 60/40 4% Gel @ 750'</i>				Guide Shoe			
				Centralizer			
				Baskets			
<i>3rd Pumped 10Ssr 60/40 4% Gel @ 250' to surface.</i>				AFU Inserts			
				Float Shoe			
				Latch Down			
<i>4th Topped off 8 3/8 with 10sr 60/40 4% Gel.</i>				<i>2nd pump ring change</i>			
				Pumptrk Charge <i>PTA</i>			
				Mileage			
				Tax			
				Discount			
X Signature				Total Charge			