



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

KANSAS CORPORATION COMMISSION 1162281
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

QUALITY WELL SERVICE, INC.

5903

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

620-727-3410

Office / Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964 5-31-13

Date	5-30-13	Sec.	35	Twp.	9	Range	11	County	OSBONE	State	Ks	On Location	9:30 PM	Finish	2:00 AM	
Lease	Hulet		Well No.	#1		Location Lucas Ks West Edge 11 N E140										
Contractor	White Knight Digs.							Owner 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.								
Type Job	PTA		T.D.	4230												
Hole Size	7 7/8		Depth	Charge To Castle Res. Inc												
Csg.			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 255 x 60/40 Poz												

EQUIPMENT

Pumptrk	6	No.	DEREK	Common	153
Bulktrk	9	No.	CHAO	Poz. Mix	102
Bulktrk		No.		Gel.	9
Pickup		No.	TOM BRADY	Calcium	

JOB SERVICES & REMARKS

Rat Hole	30 x 60/40 4 1/2 GEL 1/4" CF.	Hulls	
Mouse Hole		Salt	
Centralizers		Flowseal	63.75
Baskets		Kol-Seal	
D/V or Port Collar		Mud CLR 48	
1st Plug 4213'		CFL-117 or CD110 CAF 38	
50 x 60/40 4 1/2 GEL 1/4" # CF.		Sand	
Diso w/ mo		Handling	264
2nd Plug 800'		Mileage	50

FLOAT EQUIPMENT

25 x 60/40 4 1/2 GEL 1/4" CF.	Guide Shoe	
Diso H20	Centralizer	
3rd Plug 630'	Baskets	
100 x 60/40 4 1/2 GEL 1/4" CF.	AFU Inserts	
Diso H20	Float Shoe	
4th Plug 260'	Latch Down	
40 x 60/40 4 1/2 GEL 1/4" CF.		
Diso H20	LMV	50
5th Plug 40'	Pumptrk Charge	PTA
10 x 60/40 4 1/2 GEL 1/4" CF.	Mileage	50

Thanks TOM BRADY DEREK CHAO

X Signature

PTA
COFF
MAY 14

Tax
Discount
Total Charge