



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

KANSAS CORPORATION COMMISSION 1163073
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.

597

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	7-18-13	Sec.	21	Twp.	16	Range	1	County	Saline	State	Ks	On Location	Finish
Lease	Max Redden		Well No.	1		Location							
Contractor	Quality Well Service					Owner BOP							
Type Job	PTA					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.							
Csg.	5.5					Depth							
Tbg. Size						Depth							
Tool						Depth							
Cement Left in Csg.						Shoe Joint							
Meas Line						Displace							
EQUIPMENT													
Pumptrk	No.						Common 75						
Bulktrk	No.						Poz. Mix 50						
Bulktrk	No.						Gel. 4						
Pickup	No.						Calcium						
JOB SERVICES & REMARKS													
Rat Hole						Hulls							
Mouse Hole						Salt							
Centralizers						Flowseal							
Baskets						Koi-Seal							
D/V or Port Collar						Mud CLR 48							
Circulated 272' with 110 SKS Tapped off 15 SKS													
Sand													
Handling 129													
Mileage 65													
FLOAT EQUIPMENT													
Guide Shoe													
Centralizer													
Baskets													
AFU Inserts													
Float Shoe													
Latch Down													
Pumptrk Charge PTA													
Mileage 125													

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Date	9-18-13	Sec.	21	Twp.	16	Range	1	County	Saline	State	KS	On Location	Finish	
Lease	Max Redden	Well No.	1	Location										
Contractor	Quality Well Service							Owner	BOP					
Type Job	PTA							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	BOP West					
Csg.	5.5							Depth						
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	125sx 60/40 4% Gel					
EQUIPMENT														
Pumptrk	No.							Common	75					
Bulktrk	No.							Poz. Mix	50					
Bulktrk	No.							Gel.	4					
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							
							CFL-117 or CD110 CAF 38							
							Sand							
							Handling	129						
							Mileage	65						
							FLOAT EQUIPMENT							
							Guide Shoe							
							Centralizer							
							Baskets							
							AFU Inserts							
							Float Shoe							
							Latch Down							
							Pumptrk Charge	PTA						
							Mileage	65						
								Tax						
								Discount						
								Total Charge						
X Signature														