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

1164573

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

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

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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) SWD Permit #: SWD Per	County: Well #: Uell #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)
Depth to Top: Bottom: T.D	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D	Plugging Commenced:

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 Plu	ugging Fees:						
State of	County,	, SS.					
	(Print Name)		tor or Operator on ab				
		statements, and matters harain contained, and the					

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

QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368 Home Office 324 Simpson St., Pratt, KS 67124 Cell 620-727-3410 1000 620-338-5422 **Rich's Cell 620-727-3409** Office / Fax 620-672-3663 Brady's Cell 620-727-6964 Sec. Range Twp. County Finish State On Location 5. 2 PA Date St 15 FOC Lease Well No Location Contractor Owner To Quality Well Service, Inc. Type Job You are hereby requested to rent cementing equipment and furnish T.D. cementer and helper to assist owner or contractor to do work as listed. Hole Size Charge To Depth 27-0.1 Csg. hFUMA4 V 411 Depth Tbg. Size Street Depth Tool City State Shoe Joint Cement Left in Csg. The above was done to satisfaction and supervision of owner agent or contractor Displace **Cement Amount Ordered** Meas Line amou EQUIPMENT No Mik Common Pumptrk No Bulktrk Poz. Mix No. Bulktrk Gel. No Por Pickup 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 2 Sand Handling PM 0 Mileage FLOAT EQUIPMENT **Guide Shoe** Centralizer **Baskets AFU Inserts** Float Shoe Latch Down ι. 30 1 LNJ V10 **Pumptrk Charge** PIP Mileage Tax Discount **Total Charge** Signature

Taylor Printing, Inc.

QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

Loc.

Home Office 324 Simpson St., Pratt, KS 67124 Home Defice 324 Simpson St., Pratt, KS 67124 Brady St., Pratt, St., Pratt								
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