



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

KANSAS CORPORATION COMMISSION 1178076
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.

Federal Tax I.D. # 481187368

5273

Home Office 324 Simpson St., Pratt, KS 67124

Todd's Cell 620-388-5422
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	7-27-11	Sec.	23	Twp.	20	Range	14	County	Pratt	State	Ks	On Location		Finish	12:15	
Lease	Smith		Well No.	1-23		Location 54 Hwy West 40 rd										
Contractor	NINNEKOH Dels.					Owner 3 1/2 S W into										
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	7 7/8		T.D.	4710												
Csg.						Depth	Charge To Tuka Cement Del. LLC									
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 220sc 60/40									
EQUIPMENT													4% GEL 1/4" CF.			
Pumptrk	8	No.	T005					Common 132								
Bulktrk	4	No.	B2001					Poz. Mix 33								
Bulktrk		No.						Gel. 3								
Pickup		No.						Calcium								
JOB SERVICES & REMARKS													Hulls			
Rat Hole	30 x					Salt										
Mouse Hole	20 x					Flowseal 55										
Centralizers						Kol-Seal										
Baskets						Mud CLR 48										
D/V or Port Collar						CFL-117 or CD110 CAF 38										
1st Plug 4577													Sand			
50 x 60/40 4% GEL 1/4" CF.													Handling 223			
DESP w/mud													Mileage 10			
FLOAT EQUIPMENT																
2nd Plug 900'													Guide Shoe			
50 x 60/40 4% GEL 1/4" CF.													Centralizer			
DESP w/H2O													Baskets			
													AFU Inserts			
3rd Plug 300'													Float Shoe			
50 x 60/40 4% GEL 1/4" CF.													Latch Down			
DESP w/H2O																
4th Plug 60'																
20 x 60/40 4% GEL 1/4" CF.													Pumptrk Charge PTA			
Thank													Mileage 10			
T005 & B2001																
PLEASE CALL 620-727-6964																
Signature <i>Richard P. Brady</i>													Tax			
													Discount			
													Total Charge			