

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

11/8101

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 #:					API No. 15											
Name:				Spot Description:												
Address 1: Address 2: City: State: Zip: +				Sec Twp S. R East West Feet from North / South Line of Section 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 #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No				County: Well #: Well #: The plugging proposal was approved on: (Date)												
								Producing Formation(s): List A	_							
• , ,	·	om: T.D		-		(KCC District										
Depth to Top: Bottom: T.D				Plugging Commenced:												
Depth to		om: T.D		Plugging	Completed:											
·	•															
Show depth and thickness of a	all water, oil and gas forn	nations.														
Oil, Gas or Water Records			Casing I	Casing Record (Surface, Conductor & Production)												
Formation	Content	Casing	Size		Setting Depth	Pulled Out										
Describe in detail the manner cement or other plugs were us		-		•			to the flore. If									
Plugging Contractor License #:				ame:												
Address 1:			Address	ddress 2:												
City:				State:												
Phone: ()				_												
Name of Party Responsible fo	r Plugging Fees:															
State of County,				, ss.												
					nployee of Operator or	Operator on above-d	escribed well,									

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.

(Print Name)

SERVICE, INC. **QUALITY WELL**

Federal Tax I.D. # 481187368

5367

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

The above was done to satisfaction and supervision of owner agent or contractor. 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. Finish Tax Discount Total Charge On Location State FLOAT EQUIPMENT A CM; CFL-117 or CD110 CAF 38 State Cement Amount Ordered 9 CA / Pumptrk Charge Mud CLR 48 Guide Shoe AFU Inserts Latch Down Centralizer Float Shoe Common Poz. Mix Handling Flowseal Kol-Seal Mileage Mileage Charge To Calcium Baskets Owner Street County Hulls Salt Gel. Cit 8 Location Range JOB SERVICES & REMARKS Shoe Joint Displace Depth Depth Twp. Depth Well No. EQUIPMENT T.D. Sec. 5 Doc 50 0 So. No. Š. No. Cement Left in Csg. 0 D/V or Port Collar 5 Mouse Hole Centralizers Contractor Meas Line X Signature Hole Size Type Job Tbg. Size Rat Hole Pumptrk Baskets Bulktrk Lease Bulktrk Pickup 70 Date Csg. T00