



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

KANSAS CORPORATION COMMISSION 1211541
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.

6177

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410
Fax 620-672-3663

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

Date	6-9-14	Sec.	22	Twp.	31	Range	13	County	Barber	State	KS	On Location	Finish
Lease	Parr - Barber		Well No.		1-22		Location						
Contractor	Quality Well Service						Owner						
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							Charge To Val Energy						
Pumptrk	6	No.	Rich				Common 80'						
Bulktrk	10	No.	Drek				Poz. Mix 50'						
Bulktrk		No.	Mike				Gel. 160'						
Pickup		No.					Calcium						
JOB SERVICES & REMARKS							12 sy gel on side						
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						
1 st Pumped 12 sy gel 50 sy 60/40							Handling 1460						
4% gel @ 600'							Mileage 10						
							FLOAT EQUIPMENT						
2 nd Pumped 50 sy 60/40 4% gel							Guide Shoe						
@ 300'							Centralizer						
							Baskets						
3 rd Pumped 20 sy 60/40 4% gel							AFU Inserts						
@ 40' to surface.							Float Shoe						
							Latch Down						
4 th Topped off well with 10 sy							Service supervisor						
60/40 4% gel.							LMV. 10						
							Pumptrk Charge PTA.						
							Mileage 10 x 2						
							Tax						
							Discount						
X Signature							Total Charge						