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

1221587

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:	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	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 Plug	gging Fees:			
State of	County,	, SS.		
	(Print Name)		or or Operator on abo	
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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

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

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

Substration Weil No. Location Contractor	Date 8-21-14	Sec.	Twp.	Range		County	State	On Location	Finish	
Contractor Owner Type Job TD Type Job TD Hole Size TD. Ceg. 45 Depth Charge (Action assist owner or contractor to do work as listed. Contractor Charge (Action assist owner or contractor to do work as listed. Tool Depth Tool Depth Tool Depth Tool Depth Comment Left in Ceg. State Pumptrk Mo EQUIPMENT Common / 95 Bulkrik No JOB SERVICES & REMARKS Hults 00 ± Bulkrik No JOB SERVICES & REMARKS Hults 00 ± Baskets Mod CLR 48 DV or Port Collar CFL-117 or CD110 CAF 38 If Common J State Contractor Contralizors Sand Contralizor Sand If Common J State Contralizor Contralizors Sand Contralizors Sand Contralizor C		4	シン	N			<u> </u>	1 1 1 1 1 1	A 1957 211 A	
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