



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

KANSAS CORPORATION COMMISSION 1221587
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

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

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.

6223

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	8-21-14	Sec.	13	Twp.	30	Range	W	County	Wagoner	State		On Location		Finish							
Lease	110-10947	Well No.	111	Location 2 miles SW of Pratt, KS 67124																	
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.	45							Depth													
Tbg. Size								Depth													
Tool								Depth													
Cement Left in Csg.								Shoe Joint													
Meas Line								Displace													
										Charge To						McLoy Petroleum Corp					
										Street						9342 E Central					
										City						Wichita					
										State						KS 67206 2947					
The above was done to satisfaction and supervision of owner agent or contractor.																					
										Cement Amount Ordered						195					
EQUIPMENT																					
Pumptrk	No.	H 5				Barrick					Common					195					
Bulktrk	No.	H 7				H 10					Poz. Mix										
Bulktrk	No.										Gel.										
Pickup	No.	H 11				Barrick					Calcium					2					
JOB SERVICES & REMARKS																					
Rat Hole										Hulls						100#					
Mouse Hole										Salt											
Centralizers										Flowseal											
Baskets										Kol-Seal											
D/V or Port Collar										Mud CLR 48											
1st plug 14' 35 SKS con 3% oil										CFL-117 or CD110 CAF 38											
100# Hulls										Sand											
2nd plug 10' 35 SKS con 3% oil										Handling						199					
										Mileage						45					
FLOAT EQUIPMENT																					
3rd plug 35' con 10' 10' con										Guide Shoe											
to surface										Centralizer											
										Baskets											
										AFU Inserts											
										Float Shoe											
										Latch Down											
										Service supervisor											
										LMV 45											
										Pumptrk Charge						PTD					
										Mileage						45 x 1.25					
										Tax											
										Discount											
										Total Charge											
X Signature																					