



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

KANSAS CORPORATION COMMISSION 1223046
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.

6156

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	Sec.	Twp.	Range	County	State	On Location	Finish
07-06-14	32	29S	24W	Ford	KS	10:00 AM	12:15 PM
Lease <i>Marfam</i>		Well No. <i>2-32</i>		Location <i>Bloom 4 West 3/4 S East into</i>			
Contractor <i>Val #</i>				Owner <i>Vincent</i>			
Type Job <i>Surface</i>				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 <i>12 1/4</i>		T.D. <i>648</i>		Charge To <i>Vincent</i>			
Csg. <i>8 5/8</i>		Depth <i>644</i>		Street			
Tbg. Size		Depth		City			
Tool		Depth		State			
Cement Left in Csg. <i>42'</i>		Shoe Joint <i>42.16</i>		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace <i>BBls Fresh</i>		Cement Amount Ordered <i>125sx MDC 1/4" 125sx "A"</i>			
EQUIPMENT				<i>+ 3% ace + 2% gel + 1/4" Floseal</i>			
Pumptrk <i>8</i>	No. <i>David F.</i>			Common <i>125</i>			
Bulktrk <i>10</i>	No. <i>David B</i>			Roz-Mix <i>MDC 125</i>			
Bulktrk <i>7</i>	No. <i>Mike B</i>			Gel. <i>11</i>			
Pickup	No.			Calcium <i>10</i>			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal <i>66.25</i>			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar <i>Ron 15 jts 8 5/8 csg</i>				CFL-117 or CD110 CAF 38			
<i>Pipe on Bttm, Break Circ, Pump 3 BBls Space</i>				Sand			
<i>Mix Light + Weigh + Cement, Mix tail Cement</i>				*Handling <i>271</i>			
<i>Stop Pump, Release Plug - Start Disp.w/</i>				Mileage <i>50</i>			
<i>Fresh H₂O, See steady increase in PSI,</i>				FLOAT EQUIPMENT			
<i>Slow Rate, Bump Plug at 39 BBls</i>				Guide Shoe			
<i>total Disp., Shut in, Cement Did not</i>				Centralizer			
<i>Circ.</i>				Baskets			
				AFU Inserts <i>-Baffle Plate</i>			
				Float Shoe			
				Latch Down <i>Service Supervisor</i>			
				<i>Warden Cap - ERP Warden Cap Plug</i>			
				LMV <i>50</i>			
				Pumptrk Charge <i>Surface</i>			
				Mileage <i>50 x 2</i>			
				Tax			
				Discount			
				Total Charge			
X Signature <i>Buck Smith</i>							

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6211

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Date	7-16-14	Sec.	32	Twp.	29	Range	24	County	Ford	State	Ks	On Location	6:15 AM	Finish	9:00 AM
Lease	Marfan	Well No.	2-32		Location Bloom 4W 1/2 South East 1st										
Contractor	Val				Owner										
Type Job	Rotary Plug				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.				Charge To Vincent										
Csg.	Depth				Street										
Tbg. Size	Depth				City State										
Tool	Depth				The above was done to satisfaction and supervision of owner agent or contractor.										
Cement Left in Csg.	Shoe Joint				Cement Amount Ordered 170sx 60/40 4% Gel										
Meas Line	Displace				14 C.F.										
EQUIPMENT															
Pumptrk	6	No.	David		Common 105										
Bulktrk	4	No.	mike		Poz. Mix 65										
Bulktrk		No.			Gel. 6										
Pickup		No.			Calcium										
JOB SERVICES & REMARKS												Hulls			
Rat Hole	305x				Salt										
Mouse Hole	705x				Flowseal 42.50										
Centralizers					Kol-Seal										
Baskets					Mud CLR 48										
D/V or Port Collar					CFL-117 or CD110 CAF 38										
												Sand			
1st Pumped 505x 60/40 4% Gel @ 1530.												Handling 176			
												Mileage 50			
												FLOAT EQUIPMENT			
2nd Pumped 505x 60/40 4% Gel @ 690'												Guide Shoe			
												Centralizer			
												Baskets			
3rd Pumped 705x 60/40 4% Gel @ 60' to surface.												AFU Inserts			
												Float Shoe			
												Latch Down			
												Service supervisor			
												LMV 50			
												Pumptrk Charge Rotary Plug			
												Mileage 50 x 2			
												Tax			
												Discount			
												Total Charge			
X Signature	[Signature]														