



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

KANSAS CORPORATION COMMISSION 1225947
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.

6226

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	9-5-14	Sec.	14	Twp.	30	Range	14	County	Barber	State	KS	On Location		Finish	1:30 pm
Lease	McKeezie	Well No.	1	Location											
Contractor	Quality Well Service								Owner						
Type Job	PIM / Pumpout Bottom								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									100ft inside						
Pumptrk	8	No.							Common 180						
Bulktrk	10	No.							Poz. Mix 100						
Bulktrk		No.							Gel. 19						
Pickup		No.							Calcium						
JOB SERVICES & REMARKS									Hulls 200 #						
Rat Hole									Salt						
Mouse Hole									Flowseal						
Centralizers									Kol-Seal						
Baskets									Mud CLR 48						
D/V or Port Collar									CFL-117 or CD110 CAF 38						
9-5-14									Sand						
1" Pumped 3000 Common 200# Hull									Handling 300						
Bore hole with 104HLL 11 1/2 in									Mileage 20						
NOTE Gel in 500ft									FLOAT EQUIPMENT						
									Guide Shoe						
9-9-14									Centralizer						
1" Pumped 1600 Gel 1000 60/40 4% Gel									Baskets						
Gel @ 750									AFU Inserts						
									Float Shoe						
1" Pumped 1000 60/40 4% Gel									Latch-Down 2nd Day Plug						
@ 340									LMV 20						
									Pumptrk Charge						
2" Pumped 4000 60/40 4% Gel									Mileage 20 x 2						
									Tax						
									Discount						
Signature									Total Charge						