



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

KANSAS CORPORATION COMMISSION 1233079
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.

(Print Name) Employee of Operator or Operator on above-described well,

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.

619

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	08 06 14	Sec.	21	Twp.	29S	Range	11W	County	Kiowa	State	KS	On Location	3:00 Am	Finish	6:00 Am	
Lease	YOST		Well No.		1-21		Location 54 # 183 Jct. 7/2 S to Q RD 1E, 1/2 N ^{1/2} S									
Contractor	Duke #1							Owner Vincent								
Type Job	Surface							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	12 1/4		T.D.		438		Charge To Vincent									
Csg.	8 5/8		24 #		Depth 438		Street									
Tbg. Size	Depth							City								State
Tool	Depth							City								State
Cement Left in Csg.	42'		Shoe Joint		42.10		The above was done to satisfaction and supervision of owner agent or contractor									
Meas Line	Displace		26 1/2 Bbls Fresh		Cement Amount Ordered		250 ex cluss A + 3% acc									
EQUIPMENT										2% gel + 1/4" Flo Seal						
Pumptrk	8		No.		David F		Common									
Bulktrk	7		No.		Mike B		Poz. Mix									
Bulktrk			No.				Gel. 5									
Pickup			No.				Calcium 9									
JOB SERVICES & REMARKS										Hulls						
Rat Hole										Salt						
Mouse Hole										Flowseal						
Centralizers										Kol-Seal 62.5						
Baskets										Mud CLR 48						
D/V or Port Collar										CFL-117 or CD110 CAF 38						
Pipe on B Am, Break Circ, Pump Spacer										Sand						
Mix 250 ex A 2# cement, Stop										Handling 264						
Release Plug, Start Disp. w/ Fresh H ₂ O										Mileage 35						
Wash up on Plug, See Steady increase in PSI. Slow Rate, Displaced with 26.5 bbls. H ₂ O shut in 300 psi										FLOAT EQUIPMENT						
Cement Did Circulate										Guide Shoe						
										Centralizer						
										Baskets						
										AFU Inserts - XXXXXXXXXX						
										Float Shoe Service Supervisor						
										Latch Down LMV 35						
										1- 8 5/8 Wooden cup Plug						
										Pumptrk Charge Surface						
										Mileage 35 x 2						
										Tax						
										Discount						
										Total Charge						
Signature										W. H. H. H.						

QUALITY WELL SERVICE, INC.

6221

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	8-14-14	Sec.	21	Twp.	29	Range	18	County	Kiowa	State	Ks	On Location	11:45 AM	Finish	6:30 PM
Lease	Yost		Well No.		1-21		Location								
Contractor	Duke 1							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.							
Csg.								Depth							
Tbg. Size								Charge To							
Tool								Vincent Oil							
Cement Left in Csg.								Street							
Meas Line								Depth							
							City								
							State								
							The above was done to satisfaction and supervision of owner agent or contractor.								
							Cement Amount Ordered								
							170 sx 60/40 4% Gel								
							EQUIPMENT								
							1/4 CF								
Pumptrk	6	No.					Common								
Bulktrk	10	No.					105								
Bulktrk		No.					Poz. Mix								
Pickup		No.					65								
							Gel.								
							6								
							Calcium								
							Hulls								
							Salt								
Rat Hole	30sx							Flowseal							
Mouse Hole	20sx							42.50							
Centralizers								Kol-Seal							
Baskets								Mud CLR 48							
D/V or Port Collar								CFL-117 or CD110 CAF 38							
							Sand								
							Handling								
							170								
							Mileage								
							35								
							FLOAT EQUIPMENT								
							Guide Shoe								
							Centralizer								
							Baskets								
							AFU Inserts								
							Float Shoe								
							Latch Down								
							1.11V 35								
							Pumptrk Charge								
							20.00								
							Mileage								
							25 x 2								
							Tax								
							Discount								
							Total Charge								
							Signature								
							Mike Adley								