



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

KANSAS CORPORATION COMMISSION 1233342
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.

6008

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
10-27-14	25	32	5	Cowley	KS		
Lease <i>Stardiford</i>	Well No. <i>#1</i>	Location					
Contractor <i>Quality Well Service</i>				Owner <i>E</i>			
Type Job <i>PTA.</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		T.D.		Charge To <i>Val.</i>			
Csg. <i>5.5</i>		Depth		Street			
Tbg. Size <i>2 3/8</i>		Depth <i>970</i>		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 <i>170 sx 60/40 4% gel</i>			
Meas Line		Displace					
EQUIPMENT							
Pumptrk <i>6</i>	No. <i>Rich</i>			Common <i>105</i>			
Bulktrk <i>4</i>	No. <i>Dock</i>			Poz. Mix <i>65</i>			
Bulktrk	No.			Gel. <i>6</i>			
Pickup	No. <i>Dustin</i>			Calcium			
JOB SERVICES & REMARKS							
Rat Hole				Hulls			
Mouse Hole				Salt			
Centralizers				Flowseal			
Baskets				Kol-Seal			
D/V or Port Collar				Mud CLR 48			
<i>1st. Pumped 110sx 60/40 4% gel @ 970' to surface inside 5.5 csg.</i>				CFL-117 or CD110 CAF 38			
				Sand			
				Handling <i>176</i>			
				Mileage <i>55</i>			
FLOAT EQUIPMENT							
<i>2nd. Pumped 25sx 60/40 4% gel @ 210' to surface inside 8 5/8 surface.</i>				Guide Shoe			
				Centralizer			
<i>3rd. Topped off well with 35sx 60/40 4% gel.</i>				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				<i>Service Supervisor</i>			
				<i>LMV 55</i>			
				Pumptrk Charge <i>PTA.</i>			
				Mileage <i>55 x 2</i>			
				Tax			
				Discount			
<input checked="" type="checkbox"/> Signature				Total Charge			