



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

KANSAS CORPORATION COMMISSION 1240567
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.

Federal Tax I.D. # 481187368

6320

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	12 3 14 12-5-14	Sec.	6	Twp.	32	Range	10	County	Barber	State	KS	On Location		Finish				
Lease	Dogg		Well No.		A-1		Location											
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	5.5		T.D.															
Csg.			Depth		Charge To R+B oil + Gas													
Tbg. Size			Depth		Street													
Tool			Depth		City State													
Cement Left in Csg.			Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.													
Meas Line			Displace		Cement Amount Ordered 140 ss 60/40 42 Gal													
EQUIPMENT																		
Pumptrk	8	No.	mix		10 ss gal on side											Common 100		
Bulktrk	4	No.	Baker													Poz. Mix 60		
Bulktrk		No.														Gel. 16		
Pickup		No.														Calcium		
JOB SERVICES & REMARKS																		
Rat Hole					Hulls 200#													
Mouse Hole					Salt													
Centralizers					Flowseal													
Baskets					Kol-Seal													
D/V or Port Collar	12-2-14				Mud CLR 48													
1st Hooked up to 5.5 csg, pumped													CFL-117 or CD110 CAF 38					
30ss 60/40 42 Gal 200# Hulls													Sand					
1.5 hrs with 67 lbs 1 1/2 inch													Handling 180					
1 300 PSI													Mileage 20					
													FLOAT EQUIPMENT					
12-5-14													Guide Shoe					
													Centralizer					
													Baskets					
1st Pumped 100 gal 50ss 60/40 42 Gal @ 600'													AFU Inserts					
													Float Shoe					
													Latch Down					
2nd Pumped 50ss 60/40 42 Gal @ 300'													LMV 40					
													Service Connections					
													Pumptrk Charge					
3rd Pumped 20ss 60/40 42 Gal @ 40' to surface Top of well with 1000' casing													Mileage 20 x 2					
													Tax					
													Discount					
X Signature													Total Charge					