



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

KANSAS CORPORATION COMMISSION 1240576  
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

6319

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

12-1-14	Sec. 28	Twp. 32	Range 10	County Park	State KS	On Location	Finish
Date 12-3-14							

Lease McGuire	Well No. V1	Location
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Contractor Quality Well Service	Owner
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Type Job Pump 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.
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Hole Size	T.D.	Charge To R+B Oil + Gas
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Csg. c-c	Depth	Street
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Tbg. Size	Depth	City	State
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Tool	Depth	State	
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Cement Left in Csg.	Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.
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Meas Line	Displace	Cement Amount Ordered 155 sv 60/40 4% Gel
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**EQUIPMENT**

Pumptrk 8	No. m.k.	10 gal on side
Bulktrk 4	No. <del>xxxx</del>	Common 95
Bulktrk	No. <del>xxxx</del>	Poz. Mix 60
Pickup	No. <del>xxxx</del>	Gel. 15
		Calcium 1

**JOB SERVICES & REMARKS**

Rat Hole	Hulls 200#
Mouse Hole	Salt
Centralizers	Flowseal
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
12-1-14	CFL-117 or CD110 CAF 38
1st Pumped up to 550sg (pumped)	Sand
200 sv 60/40 4% Gel 200 to 1100	Handling 175
Displaced with 100 sv bls. to	Mileage 15
4100' shut in 250 psi	

**FLOAT EQUIPMENT**

12-3-14	Guide Shoe
1st Pumped 100 sv 60/40 4% Gel @ 320	Centralizer
2nd Pumped 50 sv 60/40 4% Gel @ 320	Baskets
3rd Pumped 25 sv 60/40 4% Gel @ 320	AFU Inserts
4th Pumped 12 sv 60/40 4% Gel @ 320	Float Shoe
	Latch Down
	LMV 30
	Service Supervisor
	Pumptrk Charge Pumped bottom / PTA 2nd day pump charge
	Mileage 15 X 2

Tax

Discount

Total Charge

X Signature