



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

KANSAS CORPORATION COMMISSION 1242731
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.

6377

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	1 30 15 2-2-15	Sec.	20	Twp.	29	Range	22	County	Ford	State	Ks	On Location		Finish	2:00
Lease	E11.5		Well No.	1-20		Location									
Contractor	Quality Well Service					Owner									
Type Job	PIA					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									
Csg.	4.5					Depth					To Vincent				
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					155 sx 60/40 4% gel				
EQUIPMENT										7 gel on side					
Pumptrk	No.					Common 95									
Bulktrk	No.					Poz. Mix 60									
Bulktrk	No.					Gel. 17									
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 1-30 15										CFL-117 or CD110 CAF 38					
Hooked up to 4.5 csg. pumped 25sx 60/40 4% gel 200# Hulls Displaced with 82 bbls 11% to 5150 shut in 500 psi										Sand					
										Handling 171					
										Mileage 50					
FLOAT EQUIPMENT															
2-2-15										Guide Shoe					
1st Pumped 7 gel 50sx 60/40 4% gel @ 1480										Centralizer					
										Baskets					
										AFU Inserts					
2nd Pumped 50sx 60/40 4% gel @ 630										Float Shoe					
										Latch Down					
										LMV 50					
3rd Pumped 30sx 60/40 4% gel @ 40 to surface										Service supervisor					
										Pumptrk Charge Pumptrk 1 PTA 2nd Day Pump Charge					
										Mileage 50 x 2					
										Tax					
										Discount					
X Signature										Total Charge					