



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

KANSAS CORPORATION COMMISSION 1253338
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.

6395

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	4.6.15	Sec.	23	Twp.	33	Range	12	County	Butler	State	KS	On Location	Finish
Lease	Falkner #1		Well No.		1		Location						
Contractor	Quality Well Service						Owner						
Type Job	Regrind bottom / 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							T.D.						
Csg.	5.5						Depth						
Tbg. Size							Charge To						
Tool							R.P. oil + Gas						
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							
						155 sl 60/40 4% gel							
EQUIPMENT													
Pumptrk	8	No.					Common 95						
Bulktrk	9	No.					Poz. Mix 60						
Bulktrk		No.					Gel. 15						
Pickup		No.					Calcium						
JOB SERVICES & REMARKS													
Rat Hole						Hulls 200#							
Mouse Hole						Salt							
Centralizers						Flowseal							
Baskets						Kol-Seal							
D/V or Port Collar						Mud CLR 48							
4.6.15						CFL-117 or CD110 CAF 38							
Hooked up to 5" csg. pumped.						Sand							
3000 volume 4% gel 200# hulls.						Handling 174							
Displaced with 1000 volume 4% gel						Mileage 15							
4450' shut in 1200psi						FLOAT EQUIPMENT							
4.7.15						Guide Shoe							
17' pumped 1000 gal 5000 volume 4% gel						Centralizer							
got 2' 6000'						Baskets							
2nd pumped 500 volume 4% gel 2'						AFU Inserts							
280'						Float Shoe							
3rd pumped 2000 volume 4% gel @						Latch Down							
40' to surface.						LMV 15							
						Service supervision							
						Pumptrk Charge							
						Equipment Action / PTA 2nd Day Any charge							
						Mileage 15 x 2							
						Tax							
						Discount							
						Total Charge							
Signature													