

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 #:			A	PI No.	15					
Name:										
Address 1:			_		Sec T	wp S. R	_ East West			
Address 2:	_	Feet from North / South Line of Section								
City:					Feet from East / West Line of Section					
Contact Person:			F	ootage	s Calculated from Near	est Outside Section C	orner:			
Phone: ()					□ NE □ NW □	SE SW				
Type of Well: (Check one)	oil Well Gas Well	OG D&A Cathod	ic c	ounty:						
Water Supply Well C	Other:	SWD Permit #:		County: Well #:						
ENHR Permit #:	Gas Sto	rage Permit #:								
Is ACO-1 filed? Yes		Date Well Completed:								
Producing Formation(s): List A	II (If needed attach another	sheet)		by:(KCC District Agent's Name)						
Depth to	Top: Botto	m: T.D				•	,			
Depth to	Top: Botto	m: T.D		Plugging Commenced: Plugging Completed:						
Depth to	Top: Botto	m:T.D	「	iuggiriç	g Completed		_			
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water	Records		Casing Rec	ord (Su	rface, Conductor & Produ	uction)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out	Pulled Out			
Describe in detail the manner cement or other plugs were us	. 00									
Plugging Contractor License #:										
Address 1:			Address 2:							
City:			S	tate:		Zip:	+			
Phone: ()										
Name of Party Responsible fo	r Plugging Fees:									
State of	County		SS							
	Oounty, _									
	(Print Name)		E	mployee of Operator or	Uperator on ab	ove-described well,				

Submitted Electronically

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

QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

6365

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

	Sec. Twp.	Range		County	State	On Location	Finish 072015			
Date 0727 15	23 25s	080	Re	10	KS	130pm	1000 Am			
Lease KRehbiel	Well No.	2	Locati	on Anding	fon () / = .	25, 1/2 wy s	: fato			
Contractor Val W/S		Owner Val Energy								
Type Jobold Hole Plan			To Quality Well Service, Inc. / You are hereby requested to rent cementing equipment and furnish							
Hole Size 834 × 103/4 sun lege T.D.			cementer and helper to assist owner or contractor to do work as listed.							
Csg. 7 th Depth				Charge To			-			
Tbg. Size ♂¾	Depth	Depth //30		Street						
Tool Perferrat 1200) Depth	Depth		City State						
Cement Left in Csg.	Shoe Jo	Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.						
Meas Line Displace		e		Cement Amount Ordered 325 SX Chass H w/ 6 SX						
	QUIPMENT									
Pumptrk & No. Davi	<u>a B</u>			Common	<u> 25 </u>					
	No loo le k			Poz. Mix						
Bulktrk No.	No			Gel.						
Pickup No.	<i>I.E.</i>			Calcium 6						
JOB SER	VICES & REMA	RKS		Hulls						
Rat Hole				Salt						
Mouse Hole				Flowseal						
Centralizers				Koi-Seal						
Baskets				Mud CLR 48						
D/V or Port Collar				CFL-117 or CD110 CAF 38						
tubing cit //30, Mix SOSK coment w/3%				Sand						
75/50. W/3/	3AlsFast	1.12/400	CH Ni'a ki	Handling	2					
for Plus at 800'	7	Mileage 3,5								
to thing at 650'	Mix 50sx	cementu	13%	FLOAT EQUIPMENT						
Discoul BBls	Facel	4		Guide Shoe						
Chipping Commission,				Centralizer						
taking at 300	nest.	Baskets								
Did Ciaci				AFU Inserts						
		Float Shoe								
		Latch Down								
		Server and Silver								
		1 MU 30								
		Pumptrk Charge PTD								
		Mileage 25 x 2								
		entra s		Tax	(
		1		Discoun	t					
X Signature		Total Charge								
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