

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1263735

Employee of Operator or Operator on above-described well,

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

WELL PLUGGING RECORD

API No. 15 - _____ OPERATOR: License #: Spot Description: _-__- Sec. ___ Twp. ___ S. R. ___ East West Address 1: ___ Feet from North / South Line of Section Address 2: ___ _____ Feet from East / West Line of Section Contact Person: ____ Footages Calculated from Nearest Outside Section Corner: Phone: (_____) _____ NE NW SE SW Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic County: ____ Water Supply Well Other: SWD Permit #:_ Lease Name: ______ Well #:_____ ENHR Permit #: _____ Gas Storage Permit #: ____ Date Well Completed: ___ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: ____ Producing Formation(s): List All (If needed attach another sheet) _____(KCC **District** Agent's Name) _____ Depth to Top: _____ Bottom: _____ T.D. ___ Plugging Commenced:_____ ___ T.D. ___ _ Depth to Top: ___ Bottom: Plugging Completed:_____ ______ Depth to Top: ______ Bottom: _____ T.D. _____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Formation Content Casing 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. _____ Name: ___ Plugging Contractor License #: ___ Name of Party Responsible for Plugging Fees: ____ _____ County, ______ , ss.

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.

(Print Name)

QUALITY WELL SERVICE, INC. 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

6.369

	Sec.	Twp.	Range		County	State	On Location	Finish
Date 082815	7.E	340	100	Ba	nser	KS.	8:30 An	1000 An
Lease Dayle Well No. (-20) Location					on Hazelton IN Marlin chat			
Contractor Val W/S					Owner \)			
Type Job old Hole Phys					To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish			
Hole Size T.D.				cementer and helper to assist owner or contractor to do work as listed.				
Depth (40)				Charge To				
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	ne Displace			Cement Amount Ordered / 255 / 60: 40: 49 00 4 1054				
EQUIPMENT					nel 1			
Pumptrk 8 No. M. Le B					Common γ_G			
Bulktrk / No. David 3				Poz. Mix 🐬				
Bulktrk No.				Gel.				
Pickup No.					Calcium			
JOB SERVICES & REMARKS					Hulls			
Rat Hole					Salt			
Mouse Hole					Flowseal			
Centralizers					Kol-Seal			
Baskets					Mud CLR 48			
D/V or Port Collar					CFL-117 or CD110 CAF 38			
Pinget 690' est cine s/low of					Sand			
not water mis sory coment Disp. w/					Handling 39			
JRRIEFICH Pinent 280' Soul Ho					Mileage 25			
Mix Spar Dispoul 2 BBIs Pipost					FLOAT EQUIPMENT			
40 Mix 2554 coment Did line					Guide Shoe			
10) 111 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1					Centralizer			
					Baskets			
					AFU Inserts			
					Float Shoe			
1					Latch Down			
					1200 2			
·								
					Pumptrk Charge			
					Mileage	25 x 2		
						- Annual Control of the Control of t	Tax	
					1		Discount	
Signature Some Supplies Signature							Total Charge	

Taylor Printing, Inc.