



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

KANSAS CORPORATION COMMISSION 1266922
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

6460

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	9-30-15 10-1-15	Sec.	21	Twp.	25	Range	12	County	Stafford	State	KS	On Location	Finish
Lease	Fisher		Well No.		1		Location						
Contractor	Quality Well Service						Owner						
Type Job	Pumped 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.	55		Depth		H-D Exploration								
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						175ss, 60/40 4% gel				
EQUIPMENT												10 ss gel on side	
Pumptrk	8	No.	Picks				Common		105				
Bulktrk	9	No.	Hulls				Poz. Mix		70				
Bulktrk		No.					Gel.		16				
Pickup		No.					Calcium		2				
JOB SERVICES & REMARKS												Hulls 300#	
Rat Hole							Salt						
Mouse Hole							Flowseal						
Centralizers							Kol-Seal						
Baskets							Mud CLR 48						
D/V or Port Collar	9-30-15						CFL-117 or CD110 CAF 38						
Pumped 50ss 60/40 4% gel												Sand	
200# Hulls Displaced with 81 sbbls to 3200' Shd in 500psi.												Handling 199	
												Mileage 20	
FLOAT EQUIPMENT													
10-1-15												Guide Shoe	
												Centralizer	
1st pumped 10ss gel 50ss 60/40 4% gel 3% cc 100 # Hulls @ 720'												Baskets	
												AFU Inserts	
												Float Shoe	
2nd Pumped 50ss 60/40 4% gel 3% cc @ 300'												Latch Down	
												LMV 20	
												Service equipment	
3rd Pumped 25ss 60/40 4% gel @ 40' to surface.												Pumptrk Charge Pumped Bottom / PTA 2nd Day Pump Charge	
												Mileage 20 x 2	
												Tax	
												Discount	
X Signature												Total Charge	