

**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

1274271

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.

\_\_\_\_\_  
(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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

6474

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 <u>11-24-15</u> <u>12-2-15</u>	Sec.	Twp.	Range	County <u>Clark</u>	State <u>Ks</u>	On Location	Finish
Lease <u>Burkey</u>		Well No. <u>2-7RE</u>		Location			
Contractor <u>Quality Well Service</u>				Owner 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.			
Type Job <u>Pumped Bottom / PTA</u>		T.D.		Charge To <u>R+B</u>			
Hole Size		Depth		Street			
Csg. <u>4.5</u>		Depth		City			
Tbg. Size		Depth		State			
Tool		Depth		City			
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 <u>155 or 160 140 470 gal</u>			
EQUIPMENT				15 gal on side			
Pumptrk <u>8</u>	No.	<u>M.K.</u>		Common <u>95</u>			
Bulktrk <u>9</u>	No.	<u>Dura</u>		Poz. Mix <u>60</u>			
Bulktrk	No.			Gel. <u>20</u>			
Pickup	No.			Calcium			
JOB SERVICES & REMARKS				Hulls <u>150#</u>			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar <u>11-24-15</u>				CFL-117 or CD110 CAF 38			
<u>Hooked up to 4.5 csg pumped 305'</u>				Sand			
<u>60/40 470 gal 150# Hulls Displaced</u>				Handling <u>178</u>			
<u>with 796 gal 14 3/4 to 5000' Shot - 800'</u>				Mileage <u>65</u>			
<u>12-2-15</u>				FLOAT EQUIPMENT			
<u>1st Pumped 150 gal 505' 60/40 470 gal @ 1280'</u>				Guide Shoe			
				Centralizer			
				Baskets			
<u>2nd Pumped 505' 60/40 470 gal @ 580'</u>				AFU Inserts			
				Float Shoe			
				Latch Down			
<u>3rd Pumped 255' 60/40 470 gal @ 40' to surface</u>				<u>LMV 65</u>			
				Service Supervisor			
				Pumptrk Charge <u>Pumped Bottom / PTA 2nd Dry Pump Charge</u>			
				Mileage <u>65 x 2</u>			
				Tax			
				Discount			
<u>X</u> Signature				Total Charge			