



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

KANSAS CORPORATION COMMISSION 1276015
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

6475

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	12-3-15 12-4-15	Sec.	210	Twp.	32	Range	11	County	Barber	State	KS	On Location		Finish		
Lease	Shane D		Well No.	1		Location										
Contractor	Quality Well Service							Owner								
Type Job	Pumpout / 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								Depth								
Tool								Depth								
Cement Left in Csg.								Shoe Joint								
Meas Line								Displace								
EQUIPMENT										Cement Amount Ordered						
Pumptrk	8	No.					1050 gal on site									
Bulktrk	9	No.					Common 100									
Bulktrk		No.					Poz. Mix 100									
Pickup		No.					Gel. 160									
JOB SERVICES & REMARKS										Calcium						
Rat Hole										Hulls 150#						
Mouse Hole										Salt						
Centralizers										Flowseal						
Baskets										Kol-Seal						
D/V or Port Collar										Mud CLR 48						
12-3-15										CFL-117 or CD110 CAF 38						
Hooked up to 5.5 csg pumpout										Sand						
305x 60/40 47 gal 150 # hulls										Handling 179						
Displaced with H2O to 4200'										Mileage 10						
Shut in Surpass										FLOAT EQUIPMENT						
12-4-15										Guide Shoe						
1st Pumpout 1050 gal 505x 60/40 47 gal @ 650'										Centralizer						
										Baskets						
										AFU Inserts						
2nd Pumpout 505x 60/40 47 gal @ 290'										Float Shoe						
										Latch Down						
										LMD - 10						
3rd Pumpout 305x 60/40 47 gal @ 40' to surface										Service Supervisor						
										Pumptrk Charge Pumpout / PTA 2nd Day Avg Charge						
										Mileage 10 x 2						
										Tax						
										Discount						
										Total Charge						
X Signature																