



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

KANSAS CORPORATION COMMISSION 1279173
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.

6478

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

Date	12-30-15	Sec.	28	Twp.	29	Range	33	County	Haskell	State	Ks	On Location	Finish										
Lease	Mull	Well No.	3.28		Location																		
Contractor	Quality Well Service				Owner																		
Type Job	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																		
										Charge To				Oil Returns									
										Street				City				State					
										The above was done to satisfaction and supervision of owner agent or contractor.													
										Cement Amount Ordered				230 sz 60 140 4 1/2 gal									
EQUIPMENT																							
Pumptrk	8	No.			Common									140									
Bulktrk	5	No.			Poz. Mix									90									
Bulktrk		No.			Gel.									8									
Pickup		No.			Calcium									1									
JOB SERVICES & REMARKS																							
Rat Hole										Hulls													
Mouse Hole										Salt													
Centralizers										Flowseal													
Baskets										Kol-Seal													
D/V or Port Collar										Mud CLR 48													
										CFL-117 or CD110 CAF 38													
										Sand													
1st Holed up to 2 3/4 tubing pump										Handling				239									
35 sz 60 140 4 1/2 gal 3 1/2 cc.										Mileage				35									
FLOAT EQUIPMENT																							
2nd Pumped 185 sz 60 140 4 1/2 gal @ 500 circulated to surface										Guide Shoe													
										Centralizer													
										Baskets													
3rd Tapped well with 10 sz 60 140 4 1/2 gal										AFU Inserts													
										Float Shoe													
										Latch Down													
										LMV 35													
										String Supervisor													
										Pumpirk Charge				PTA									
										Mileage				35 x 2									
														Tax									
														Discount									
														Total Charge									
X Signature																							