



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

KANSAS CORPORATION COMMISSION 1279196
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.

(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

6477

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	12-10-15	Sec.	24	Twp.	34	Range	32	County	Sevier	State	Ks	On Location		Finish						
Lease	Huas	Well No.	1-240000			Location														
Contractor	Quality Well Service					Owner														
Type Job	Repair with 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.					Charge									
Csg.	55					Depth					To 10.1 Hours									
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					175# 60/40 4% gel.				
EQUIPMENT																				
Pumptrk	8	No.																		
Bulktrk	10	No.																		
Bulktrk		No.																		
Pickup		No.																		
JOB SERVICES & REMARKS																				
Rat Hole	12 gal on side																			
Mouse Hole	Common 105																			
Centralizers	Poz. Mix 70																			
Baskets	Gel. 18																			
D/V or Port Collar	Calcium																			
	Hulls 300#																			
	Salt																			
	Flowseal																			
	Kol-Seal																			
	Mud CLR 48																			
	CFL-117 or CD110 CAF 38																			
	Sand																			
	Handling 199																			
	Mileage 15																			
FLOAT EQUIPMENT																				
	Guide Shoe																			
	Centralizer																			
	Baskets																			
	AFU Inserts																			
	Float Shoe																			
	Latch Down																			
	LMV 15																			
	Service Supervisor																			
	Pumptrk Charge PTA																			
	Mileage 15 x 2																			
												Tax								
												Discount								
												Total Charge								
X Signature [Signature]																				