



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

KANSAS CORPORATION COMMISSION 1287136
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

6482

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	1-5-16 1-6-16 1-11-16	Sec.	31	Twp.	30	Range	15	County	Barber	State	KS	On Location		Finish	
Lease	Walker F	Well No.	2		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.									Depth						
Tbg. Size									Depth						
Tool									Depth						
Cement Left in Csg.									Shoe Joint						
Meas Line									Displace						
EQUIPMENT										Charge To					
										R + B oil + gas					
Pumptrk	8	No.	40 ss gel on side												
Bulktrk	9	No.	Common 115												
Bulktrk		No.	Poz. Mix 75												
Pickup		No.	Gel. 47												
JOB SERVICES & REMARKS										Hulls 1400 #					
Rat Hole									Salt						
Mouse Hole									Flowseal						
Centralizers									Kol-Seal						
Baskets									Mud CLR 48						
D/V or Port Collar	1-5-16								CFL-117 or CD110 CAF 38						
1st Pumped 2000 gal 1500 # Hulls										Sand					
3000 gal @ 420' 420 gal 1500 # Hulls										Handling 265					
displaced in 4400' shut in 200psi										Mileage 2.5					
1-6-16										FLOAT EQUIPMENT					
1st shut tubing @ 940' pumped 1500 gal 5000 gal @ 420' 420 gal. couldn't get circulation										Guide Shoe					
										Centralizer					
										Baskets					
1-11-16										AFU Inserts					
1st Pumped 2000 gal 1200 # Hulls										Float Shoe					
still no circulation										Latch Down					
1-12-16										LMV 25					
1st Pumped 500 gal 500 # Hulls 5000 gal @ 420'										Secure Supervisor					
420 gal @ 420'										Pumptrk Charge PTA. No Additional Charge for Pump					
										Mileage 2.5					
2nd Pumped 4000 gal @ 60'										Tax					
to surface, topped well with 20 ss cement.										Discount					
X Signature										Total Charge					