



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

KANSAS CORPORATION COMMISSION 1313390  
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

# QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

6544

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	8-1-16	Sec.	20	Twp.	34	Range	10	County	Barber	State	Ks	On Location	8:30am	Finish	10:00
Lease	Guthrie	Well No.	1-20		Location										
Contractor	Val				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										
<b>EQUIPMENT</b>										Charge To Val Energy					
										Street					
										City					
										State					
										The above was done to satisfaction and supervision of owner agent or contractor.					
										Cement Amount Ordered 120sx 60/40 48 gel					
										10sx 60l on side					
Pumptrk	8	No.	Edie		Common 75										
Bulktrk	10	No.	Mike		Poz. Mix 45										
Bulktrk		No.			Gel. 14										
Pickup		No.	Drew		Calcium										
<b>JOB SERVICES &amp; REMARKS</b>										Hulls					
Rat Hole										Salt					
Mouse Hole										Flowseal					
Centralizers										Kol-Seal					
Baskets										Mud CLR 48					
D/V or Port Collar										CFL-117 or CD110 CAF 38					
1st Pumped 10sx Gel, 50sx 60/40 48 gel @ 608'										Sand					
										Handling 134					
										Mileage 50					
2nd Pumped 50sx 60/40 48 gel @ 380'										<b>FLOAT EQUIPMENT</b>					
										Guide Shoe					
										Centralizer					
3rd Pumped 20sx 60/40 48 gel @ 40' Cement to surface										Baskets					
										AFU Inserts					
										Float Shoe					
Cut off 3302 CIBP 5250 w/2 sks										Latch Down					
										LMV 50					
										Service supervisor					
										Pumptrk Charge PTA					
										Mileage 50 x 2					
										Tax					
										Discount					
										Total Charge					
Signature: <i>[Handwritten Signature]</i>															