



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

KANSAS CORPORATION COMMISSION 1315401
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

6548

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	8-18-16	Sec.	1	Twp.	13	Range	21	County	Trego	State	KS	On Location	Finish
Lease	Armbaister	Well No.	1		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.				Charge To								
Csg.	4.5				Trek								
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 20.5sx 60/40 4% Gel.								
EQUIPMENT										12 gel on side			
Pumptrk	6	No.			Common 125								
Bulktrk	9	No.	Mike		Poz. Mix 80								
Bulktrk		No.			Gel. 18								
Pickup		No.			Calcium								
JOB SERVICES & REMARKS										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 12sx gel 30sx 60/40 4% gel @ 3844'										Sand			
										Handling 224			
										Mileage 40			
2nd Pumped 12.5sx 60/40 4% gel @ 1650' circulated out 4.5 csg.										FLOAT EQUIPMENT			
										Guide Shoe			
										Centralizer			
3rd Pumped 30sx 60/40 4% gel in 8 5/8 surface psi 200										Baskets			
										AFU Inserts			
										Float Shoe			
4th Topped off 4.5 csg with 20sx 60/40 4% gel										Latch Down			
										LMV 40			
										Service Supervisor			
										Pumptrk Charge PTA			
										Mileage 40 x 2			
										Tax			
										Discount			
										Total Charge			
Signature													



Daily Workover Report

Well: Armbrister #1	Report #: 1	Date: 18-Aug-16
Location:	AFE:	Daily \$: 0
Rig: Quality Well Service	GL: 2,173	Cum \$: 0
Supv: Tanner Nelson	KB: 2,178	AFE \$: 0

Next Planned Operation:	Pipe Tally	Material Transfer
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From	To	Hrs:Min	Detail Operations Report
3:00 PM			8/17/2016 MIRU Quality Well Service RIH with 2 3/8" workstring to 3840' TD @ 3890' SDFN
8:00 AM			8/18/2016 Marvin Mills with KCC on location. MIRU Quality Well Service cement trucks. Pumped 12 sack gel & 30 sacks cement. POOH to 1650' Pumped 125 sacks cement. Circulated to surface. POOH with 2 3/8" workstring. Topped off well with 20 sacks cement. Tied on to backside of casing. Pumped 30 sack at 200 psi. RDMO Cut well off 5' below ground level. Left pit to dry out. Will have local skidsteer level off location. Next week.
Total		0:00	

Cost Estimate	Daily \$	Cum \$	AFE \$	Comments
9561 Pulling Unit / Rig		0		Quality Well Service (bid)
9519 Consulting Services		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
		0		
Total	0	0	0	