



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

KANSAS CORPORATION COMMISSION 1321148
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

6563

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	10-17-16	Sec.	22	Twp.	34	Range	13	County	Stallford	State	KS	On Location	8:00	Finish	9:15
Lease	Richardson	Well No.		Location		281 + 20 my 15 1/2 ft. 1/2 in.									
Contractor								Owner							
Type Job								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							
								The above was done to satisfaction and supervision of owner agent or contractor.							
								Cement Amount Ordered 125cc 60/40 4 7/8 Gal							
EQUIPMENT												15cc 60/40 inside			
Pumptrk	8	No.						Common 70							
Bulktrk	9	No.						Poz. Mix 50							
Bulktrk		No.						Gel. 19							
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 15cc gal 60/40												Sand			
4 7/8 Gal @ 240												Handling 144			
												Mileage 20			
2nd Pumped 50cc 60/40 4 7/8 Gal												FLOAT EQUIPMENT			
@ 200'												Guide Shoe			
												Centralizer			
2nd Pumped 25cc 60/40 4 7/8 Gal												Baskets			
@ 60' to surface												AFU Inserts			
												Float Shoe			
												Latch Down			
												Pumptrk Charge PTA			
												Mileage 20 x 2			
												Tax			
												Discount			
X Signature												Total Charge			