

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1328814

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 #:			API No. 15						
Name:					Spot Description:				
Address 1:					Sec 7	wp S. R	East West		
Address 2:				Feet from North / South Line of Section					
City:					Feet from East / West Line of Section				
Contact Person:				Footages Calculated from Nearest Outside Section Corner:					
Phone: ()					NE NW	SE SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Catho	dic	County:					
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:					
ENHR Permit #:	Gas Sto	orage Permit #:		Date Well Completed: (Date) The plugging proposal was approved on: (Date)					
s ACO-1 filed? Yes	No If not, is we	Il log attached? Yes	No						
Producing Formation(s): List	All (If needed attach anothe	r sheet)							
Depth to	o Top: Botto	om: T.D							
Depth to	o Top: Botto	om: T.D		Plugging Commenced:					
Depth t	o Top: Botto	om:T.D		Flugging	Completed				
Show depth and thickness of	all water, oil and gas form	ations.							
Oil, Gas or Wate	r Records		Casing	ng Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
cement or other plugs were u	sed, state the character of	same depth placed from (bo	ottom), to	(top) for eacr	n plug set.				
		9:							
Address 1:									
City:				_ State:		Zip:	+		
Phone: ()				_					
Name of Party Responsible for	or Plugging Fees:								
State of	County,		, ss.						
					plovee of Operator or	Operator on a	hove-described wall		

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.

(Print Name)

QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

6595

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

	Sec.	Twp.	Range	-	County	State	On Location	Finish		
Date (0 13 17	07 0	260	13W	Pro		KS	300Am	530An		
Lease Well No. Locati					on Prattics, N, W, Sinto					
Contractor South wind					Owner Royal Energy					
Type Job Rotary Plug				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish						
Hole Size 7/8	T.	.D.			cementer an	nd helper to assist own	ner or contractor to d	o work as listed.		
Csg.	D	epth			Charge To					
Tbg. Size 4/2 16.6	of D	epth	900'		Street					
Tool	D	epth			City		State			
Cement Left in Csg.	SI	hoe Jo	int		The above wa	as done to satisfaction ar	nd supervision of owner	agent or contractor.		
Meas Line Displace				Cement Amount Ordered 17 Osx 60:40:4% get						
	EQUIPMEN	NT								
Pumptrk 0	ceb				Common					
Bulktrk / O	,14 -				Poz. Mix					
Bulktrk No.	.12				Gel.					
Pickup No.	1019				Calcium					
JOB SEF	RVICES & F	REMAR	RKS		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					
Drilloipe at 900; hole full, Pump 4Ahu					Sand					
Mix SDSX, Disp. W/ 9 BBIS Fresh				Handling						
	/				Mileage					
Dr. Pipe at 360' Land Hole Pump3 Als				ed	FLOAT EQUIPME	ENT				
Mix 50sx Disp.	w/21	Tusi	4		Guide Shoe					
- //					Centralizer					
D'Pat 60' mix 20sy cement Did Cin					Baskets					
					AFU Inserts					
Plug Plant & Mouse Holes w/ 50sx				Float Shoe						
/			/		Latch Down					
					4					
					Pumptrk Cha	ırge				
		1	7		Mileage					
1	/	//	1				Tax			
1-11	1		//				Discount			
Signature / / / / / / / / Signature	ce	Lenz	ACTIVITIES OF THE PERSON OF TH			Total Charge				