

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

1346906

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.

(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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

6609

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 <u>2-27-17</u>	Sec. <u>29</u>	Twp. <u>33</u>	Range <u>10</u>	County <u>Barber</u>	State <u>Ks</u>	On Location <u>7</u>	Finish
Lease <u>Frieden Inc</u>		Well No. <u>3-29</u>		Location <u>5</u>			
Contractor <u>Quality Well Service</u>				Owner			
Type Job <u>PTA</u>				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 <u>Val Energy</u>			
Csg. <u>5.5</u>		Depth		Street			
Tbg. Size		Depth		City			
Tool		Depth		State <u>KS</u>			
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 <u>125ss 60/40 49% gel.</u>			
EQUIPMENT				<u>10ss gel on side.</u>			
Pumptrk <u>8</u>	No.			Common <u>75</u>			
Bulktrk <u>5</u>	No.			Poz. Mix <u>50</u>			
Bulktrk <u>9</u>	No.			Gel. <u>14</u>			
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			
<u>1st Pumped 10ss 60/40 50ss 60/40</u>				Sand			
<u>49% gel @ 600</u>				Handling <u>139</u>			
				Mileage <u>45</u>			
<u>2nd Pumped 50ss 60/40 49% gel</u>				FLOAT EQUIPMENT			
<u>@ 260</u>				Guide Shoe			
				Centralizer			
<u>3rd Pumped 25ss 60/40 49% gel</u>				Baskets			
<u>@ 40' to surface</u>				AFU Inserts			
				Float Shoe			
				Latch Down			
				<u>LMV 45</u>			
				<u>Service supervisor</u>			
				Pumptrk Charge <u>PTA</u>			
				Mileage <u>45 X 2</u>			
				Tax			
				Discount			
X Signature				Total Charge			