

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

KANSAS CORPORATION COMMISSION 1367459
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

6699

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	7-11-17	Sec.	19	Twp.	24	Range	15	County	Stafford	State	Ks	On Location	Finish
Lease	Young OWWO	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							F.6 Hall					
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 245 sz 60/40 472 Gel					
EQUIPMENT													
Pumptrk	No.	10 sz Gel on side							Common 150				
Bulktrk	No.	Poz. Mix 95											
Bulktrk	No.	Gel. 18											
Pickup	No.	Calcium											
JOB SERVICES & REMARKS													
Rat Hole	Hulls 100 #												
Mouse Hole	Salt												
Centralizers	Flowseal												
Baskets	Kol-Seal												
D/V or Port Collar	Mud CLR 48												
15' Ben tubing to 10.50' Pump							CFL-117 or CD110 CAF 38						
10 sz Gel 100 # Hulls 50 sz							Sand						
60/40 472 Gel							Handling 265						
							Mileage 30						
FLOAT EQUIPMENT													
2nd Pump 75 sz 60/40 492 Gel @ 2.50' circulation out 4.5 csg.							Guide Shoe						
							Centralizer						
							Baskets						
							AFU Inserts						
3rd Hooked up to 4.5 csg. pump							Float Shoe						
110 sz 60/40 492 Gel circulated out 4.5/2							Latch Down						
							LMV						
							Service Supervisor						
4th Tapped off with 10 sz 60/40 492 Gel							Pumptrk Charge PTA						
							Mileage 30						
											Tax		
											Discount		
											Total Charge		
X Signature													