

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

KANSAS CORPORATION COMMISSION      1367684  
 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**

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

Form CP-4  
July 2014  
Type or Print on this Form  
Form must be Signed  
All blanks must be Filled

OPERATOR: License #: 4706  
Name: Messenger Petroleum, Inc.  
Address 1: 525 S Main ST  
Address 2: \_\_\_\_\_  
City: Kingman State: Ks Zip: 67068 + 1968  
Contact Person: Jon F. Messenger  
Phone: (620) 532-5400  
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 - 15-095-21711-00-00  
Spot Description: NA  
\_\_\_\_ NE SW Sec. 14 Twp. 30 S. R. 7  East  West  
1,980 Feet from  North /  South Line of Section  
3,300 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Kingman  
Lease Name: Dunkelberger B Well #: 1  
Date Well Completed: NA  
The plugging proposal was approved on: NA (Date)  
by: Jeff Klock (KCC District Agent's Name)  
Plugging Commenced: 8/14/2017  
Plugging Completed: 8/15/2017

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
		Surface	8 5/8"	213'	150 Sacks Cement
		Production	5 1/2"	4195'	100 Sacks Cement

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.

Drove to location, raised pole, checked hole, tagged bottom at 4035', bailed 5 sacks cement, dug cellar, unpacked casing head, set floor, pulled slips, cut surface off 4' below ground, had 10 inches stretch, shot casing at 1170', came free, pulled casing 20' hung up, had to shoot casing at 1080', came free, pumped 10 sacks gel, 50 sacks cement, 3% cc, pulled to 750', tagged cement at 825', pumped 35 sacks cement at 730', pulled casing to 300', pumped 140 sacks cement to surface, pulled rest of casing, tore down floor and rig.

Plugging Contractor License #: 31925 Name: Quality Well Service, Inc.  
Address 1: 190 US HWY 56 Address 2: \_\_\_\_\_  
City: Ellinwood State: Ks Zip: 67526 + \_\_\_\_\_  
Phone: (620) 727-6964  
Name of Party Responsible for Plugging Fees: Messenger Petroleum, Inc.

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.

Signature: \_\_\_\_\_

# QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

6701

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	8-15-17	Sec.	14	Twp.	30	Range	7	County	Kingman	State	KS	On Location		Finish		
Lease	Well No.		8-1		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.								
Csg.								Depth								
Tbg. Size								Depth								
Tool								Depth								
Cement Left in Csg.								Shoe Joint								
Meas Line								Displace								
EQUIPMENT										Cement Amount Ordered						
										225 sz Common 30cc						
Pumptrk	No.								Common							
Bulktrk	No.								Poz. Mix							
Bulktrk	No.								Gel.							
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						
18' Hoop 100' of 50' Common										Sand						
21' cc @ 1080										Handling						
Tagged cement @ 825'										Mileage						
										FLOAT EQUIPMENT						
2nd Hoop 35' Common @ 74'										Guide Shoe						
										Centralizer						
3rd Pumped 150' Common @ 30'										Baskets						
										AFU Inserts						
										Float Shoe						
										Latch Down						
										LMV 50						
										Pumptrk Charge						
										Mileage						
										100						
										Tax						
										Discount						
										Total Charge						
X Signature																