

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

KANSAS CORPORATION COMMISSION 1367733
 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

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
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
 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 - 15-095-21808-00-00
 Spot Description: NA
N2 NE SE Sec. 15 Twp. 30 S. R. 7 East West
2,310 Feet from North / South Line of Section
660 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Kingman
 Lease Name: Dunkelberger Well #: B#4
 Date Well Completed: NA
 The plugging proposal was approved on: NA (Date)
 by: Jeff Klock (KCC District Agent's Name)
 Plugging Commenced: 7/18/2017
 Plugging Completed: 7/20/2017

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"	273'	175 Sacks Cement
		Production	4 1/2"	4198'	125 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, set bridge plug at 4020', bailed 2 sacks cement, loaded hole with water, dug cellar and pit, couldn't get casing head ring off, so cut it, unpacked casing head, set floor, pulled slips, cut surface off 4' below ground, ripped casing at 2600', came free, pulled casing to 1300', put in pit liner, pumped 20 sacks gel at 1300', pulled casing to 1200', pumped 35 sacks cement, pulled casing to 750', waited 2 hours, tagged plug, pumped 35 sacks cement at 750', pulled casing to 325', circulated with 150 sacks cement, pulled casing out 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) 727-3409
 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

6691

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	7-20-17	Sec.	15	Twp.	30	Range	7	County	Kingman	State	Ks	On Location	Finish	
Lease	Dankelberg	Well No.	B-4	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							Depth						
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						
EQUIPMENT														
Pumptrk	No.								Common					
Bulktrk	No.								Poz. Mix					
Bulktrk	No.								Gel.					
Pickup	No.								Calcium					
JOB SERVICES & REMARKS														
Rat Hole								Hulls						
Mouse Hole								Salt						
Centralizers								Flowseal						
Baskets								Kol-Seal						
D/V or Port Collar								Mud CLR 48						
1st Pumped 2000 Gallons @ 1300							CFL-117 or CD110 CAF 38							
Pulled in to 1200 pumped							Sand							
2.5 sec Calcium 3'6" covered							Handling							
FLOAT EQUIPMENT														
2nd Pumped 3500 Gallons @ 1750							Mileage							
							Guide Shoe							
							Centralizer							
							Baskets							
3rd Pumped 1700 Gallons @ 325 to surface							AFU Inserts							
							Float Shoe							
							Latch Down							
							LMV 50							
							Service Supervisor							
							Pumptrk Charge							
							Mileage							
Tax														
Discount														
Total Charge														
X Signature														

