

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

KANSAS CORPORATION COMMISSION 1369146
 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

6720

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	9-22-17	Sec.	14	Twp.	30	Range	9	County	Kingman	State	KS	On Location	Finish		
Lease	Governor A		Well No.	1-14		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		McCoy										
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							185 cu (common)					
EQUIPMENT												8 Gel on side			
Pumptrk	8	No.								Common 185					
Bulktrk	10	No.								Poz. Mix					
Bulktrk		No.								Gel. 8					
Pickup		No.								Calcium 2					
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			
1 st Pumped 8 cu Gel 50 cu Common												Sand			
3 1/2 cc @ 1450'												Handling 195			
												Mileage 50			
2 nd Pumped 35 cu Common @ 900'												FLOAT EQUIPMENT			
												Guide Shoe			
3 rd Pumped 100 cu Common @ 260'												Centralizer			
to surface												Baskets			
												AFU Inserts			
												Float Shoe			
												Latch Down			
												LMV 50			
												Service Supervisor			
												Pumptrk Charge PTA			
												Mileage 100			
												Tax			
												Discount			
X Signature												Total Charge			