**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

#### 1369249

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

			API N	0. 15					
				Spot Description:					
Address 1:				Sec 7	Twp S. R East West				
Address 2:				Feet from North / South Line of Section					
City:	State:	Zip: +		Feet from East / West Line of Section					
Contact Person:			Foota	Footages Calculated from Nearest Outside Section Corner:					
Phone: ( )				□ NE □ NW □	SE SW				
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	COUNT						
Water Supply Well	Other:	SWD Permit #:		County: Well #:					
ENHR Permit #:	Gas Sto	orage Permit #:		Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes	l	•	roved on:(Date)				
Producing Formation(s): List	All (If needed attach anothe	r sheet)			(KCC <b>District</b> Agent's Name)				
Depth t		om: T.D							
Depth t	to Top: Botto	om: T.D							
Depth t	to Top: Botto	om: T.D		ing Completed:					
Show depth and thickness of	f all water, oil and gas form	ations.							
Oil, Gas or Wate	er Records		Casing Record (	Surface, Conductor & Prod	uction)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
namant or ather alices	used, state the character of	same depth placed from (bott			•				
cement of other plugs were t			tom), to (top) for	each plug set.					
Plugging Contractor License	#:		Name:						
Plugging Contractor License Address 1:	#:		Name:						
Plugging Contractor License Address 1:  City: Phone: ( )	#:		Name: Address 2: State:						
Plugging Contractor License Address 1:  City: Phone: ( )	#:		Name: Address 2: State:						
Plugging Contractor License Address 1: City: Phone: ( ) Name of Party Responsible f	#:for Plugging Fees:		Name: Address 2: State:						

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.

(Print Name)

# QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

6683

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

- 7 13-10	Sec. 18	Twp.	Range		County	State	On Location	Finish 10:45 Am		
Date 7-/2-/7	<del></del>		1-18	_	1/	1101 / 121 0		1 1/4 11		
Lease Demuth		/ell No.	110	Locati	La la	400 + 131 5	WI RE SI	1 14 W		
Contractor Duke 7					To Quality Well Service, Inc.					
	Type Job Surface				<ul> <li>You are hereby requested to rent cementing equipment and furnish</li> </ul>					
Hole Size 12/4	Hole Size 12 /4 T.D. 6/0				cementer and helper to assist owner or contractor to do work as listed.  Charge					
Osg. 85/8 Depth 59/					To Vincent					
Tbg. Size					Street					
Tool					City State					
Cement Left in Csg. #				The above was done to satisfaction and supervision of owner agent or contractor.						
Meas Line				5	17	ount Ordered /25				
EQUIPMENT Solve No.					14 C.F. 150 SX Common 2 % 6.01 3% CC /4C					
Pumptrk & No.						50				
Bulktrk No.					POZ.Mix 125 MDC					
Bulktrk / No.	1 )>,	1			Gel. //					
Pickup No.					Calcium /O					
JOB SE	RVICES	& REMA	RKS		Hulls					
Rat Hole					Salt					
Mouse Hole					Flowseal 66,25					
Centralizers					Kol-Seal					
Baskets					Mud CLR 48	2				
D/V or Port Collar					CFL-117 or 0	CD110 CAF 38				
Ban 14its	85/8	C59	Broke		Sand					
cuca latina	with	R	9 Mix	-	Handling 2	171				
125 5 MAC	ana	1 150	Ssx Com		Mileage 5					
2% Gel 3% CC 1/4 C.F. released					FLOAT EQUIPMENT					
Dilua displaced with 36 bhls					Guide Shoe					
111/2/ -1 / / / / / .					Centralizer					
500 psi. Coment did ciaulate					Baskets					
200 psi. Learner Sill Cleaniere					AFU Inserts					
					Fleat-Shee	85/A Baffi	e Plate			
***************************************					Latch Down	. rl	en Plua			
						50	Pri Pray			
X Signature						Super Vision				
								K		
						irge Suifaro				
					Mileage / D		Tax			
							Discount			
							1			
							Total Charge			

## QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

6690

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

	Sec.	Twp.	Range	(	County	State	On Location	Finish		
Date 7-21-17	18	28	21	Fo	10	Ks	11:00 pm	3:30 Ar		
Lease Demyth	V	/ell No.	1-18	Locati	on					
Contractor Duke 7					Owner					
Type Job Rh tary Place				To Quality W	ell Service, Inc.	cementina equipment	t and furnish			
Hole Size	T.D.			You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.						
Csg. Depth				Charge To VINCEAT						
Tbg. Size Depth					Street					
Tool Depth				City State						
Cement Left in Csg.	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 /20 5x 60/40 4% 6e/						
	EQUIP	MENT				- In the second of the second				
Pumptrk No.					Common	105				
Bulktrk No.					Poz. Mix	z. Mix 65				
Bulktrk No.					Gel. 6					
Pickup No.					Calcium					
JOB SE	RVICES	& REMA	RKS		Hulls					
Rat Hole 30 Sx					Salt					
Mouse Hole 70 Sy					Flowseal					
Centralizers					Kol-Seal					
Baskets					Mud CLR 48					
D/V or Port Collar					CFL-117 or CD110 CAF 38					
157 Pumped	50 sx	60	140. 4	0	Sand					
Gel 5	1410	1"			Handling 170					
					Mileage 50					
2nd Pumped	509	sx 6	00140	4%0	FLOAT EQUIPMENT					
Gel 2 66	0				Guide Shoe					
					Centralizer					
3rd Pumped 20 sx 60/40 4%					Baskets					
Gel D 60' to surface					AFU Inserts					
					Float Shoe					
					Latch Down					
					LINV CO					
					County Sypervising					
				Pumptrk Charge						
- Carronna III				Mileage ,		1.				
							Tax			
				Discount						
X Signature							Total Charge			