

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

KANSAS CORPORATION COMMISSION 1374816
 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.

6759

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	11-15-17	Sec.	31	Twp.	22	Range	16	County	Pawnee	State	KS	On Location	8:00 am	Finish	10:30 am
Lease	Word Feed Yard	Well No.	1-31		Location										
Contractor	Staring Wellbore Services							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.	55							Depth							
Tbg. Size								Depth							
Tool								Depth							
Cement Left in Csg.								Shoe Joint							
Meas Line								Displace							
EQUIPMENT								Charge To							
								Victory Operating Inc.							
								Street							
								City							
								State							
The above was done to satisfaction and supervision of owner agent or contractor.															
								Cement Amount Ordered							
								110sx 60/40 4% Gel							
								10% Gel on side							
Pumptrk	5	No.													
Bulktrk	7	No.													
Bulktrk		No.													
Pickup		No.													
JOB SERVICES & REMARKS								Common							
								70							
								Poz. Mix							
								40							
								Gel.							
								14							
								Calcium							
								Hulls							
								Salt							
								Flowseal							
								Kol-Seal							
								Mud CLR 48							
								CFL-117 or CD110 CAF 38							
								Sand							
								Handling							
								124							
								Mileage							
								50							
11-15-17								FLOAT EQUIPMENT							
1st Pumped 10sx Gel, 50sx 60/40 4% Gel @ 1090'								Guide Shoe							
								Centraiizer							
								Baskets							
2nd Pumped 30sx 60/40 4% Gel @ 420'								AFU Inserts							
								Float Shoe							
								Latch Down							
3rd Pumped 30sx 60/40 4% Gel @ 42' to surface								LMV 50							
								Switch spool							
								Pumptrk Charge							
								PTA							
								Mileage							
								51.2							
Tax															
Discount															
Total Charge															
Signature															