

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

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.

680

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	3-22-18	Sec.	35	Twp.	22	Range	10	County	Reno	State	KS	On Location		Finish	3:00pm	
Lease	Schweizer		Well No.	3-35		Location North Sylvia to 4 th street 3 North East into										
Contractor	HD oilfield							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	2 7/8							Depth 1600								
Tool								Charge To Grand Mesa Operating								
Cement Left in Csg.								Street								
Meas Line								Depth								
							City									
							State									
							The above was done to satisfaction and supervision of owner agent or contractor									
							Cement Amount Ordered 205ss Common									
EQUIPMENT																
Pumptrk	8	No.	Duc				12 Gel on side									
Bulktrk	10	No.	Rich				Common 205									
Bulktrk		No.					Poz. Mix									
Pickup		No.					Gel. 12									
							Calcium 4									
JOB SERVICES & REMARKS																
Rat Hole							Hulls									
Mouse Hole							Salt									
Centralizers							Flowseal									
Baskets							Kol-Seal									
DN or Port Collar							Mud CLR 48									
1 st Tubing set @ 1600 pumped 12sx Gel							CFL-117 or CD110 CAF 38									
50ss Common 3% cc tagged cement @ 1440							Sand									
							Handling 221									
							Mileage 50									
FLOAT EQUIPMENT																
2nd Tubing set @ 850 pumped 3.5sx Common 3% cc							Guide Shoe									
							Centralizer									
							Baskets									
3rd. tubing set @ 310 pumped 120sx Common 3% cc to surface							AFU Inserts									
							Float Shoe									
							Latch Down									
							LMV 50									
							Service Supervisor									
							Pumptrk Charge PTA.									
							Mileage 100									
												Tax				
												Discount				
X Signature												Total Charge				