

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.

6810

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	3-28-18	Sec.	9	Twp.	31	Range	13	County	Barber	State	KS	On Location		Finish	3:00pm		
Lease	Nitler	Well No.	1-9	Location													
Contractor	Val	Owner										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.					
Type Job	PTA	T.D.										Charge To Val					
Hole Size		Depth										Street					
Csg.	5.5	Depth										City State					
Tbg. Size		Depth										City State					
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 120sx 60/40 4% Gel					
EQUIPMENT												10sx gel on side					
Pumptrk	8	No.		Derrick										Common 75			
Bulktrk	10	No.		Dillon										Poz. Mix 45			
Bulktrk		No.												Gel. 14			
Pickup		No.												Calcium			
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					
1st Pumped 10sx gel 50sx 60/40 4% gel @ 607'												Sand					
												Handling 134					
												Mileage 30					
2nd Pumped 50sx 60/40 4% Gel @ 250'												FLOAT EQUIPMENT					
												Guide Shoe					
												Centralizer					
3rd Pumped 20sx 60/40 4% Gel @ 40' to surface.												Baskets					
												AFU Inserts					
												Float Shoe					
												Latch Down					
												LMV 30					
												Service Supervisor					
												Pumptrk Charge PTA					
												Mileage 60					
												Tax					
												Discount					
												Total Charge					
X Signature																	