KOLAR Document ID: 1406043

**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 #:				API No. 15			
Name:				Spot Description:			
Address 1:				Sec Twp S. R East West			
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section			
City:							
Contact Person:				Footages Calculated from Nearest Outside Section Corner:			
Phone: ( )				☐ NE ☐ NW ☐ SE ☐ SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic  Water Supply Well Other: SWD Permit #:				County: Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date)			
Producing Formation(s): List All (If needed attach another sheet)				by:(KCC <b>District</b> Agent's Name)  Plugging Commenced:			
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth to Top: Bottom: T.D				agging '	Completed.		
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing Reco	ng Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
cement or other plugs were us		•	•			ds used in introducing it into the hole. If	
Plugging Contractor License #: Nam							
Address 1: Address							
City:			Sta	ate:		Zip:+	
Phone: ( )							
Name of Party Responsible for Plugging Fees:							
State of Cou		/,		is.			
		Γ	Em	nployee of Operator or	Operator on above-described well,		
(Print Name)				'	ipioyee of Operator of	Operator on above-described well,	

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.

## QUALITY WELL SERVICE, INC.

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

**Brady's Cell 620-727-6964** Rich's Cell 620-727-3409

The above was done to satisfaction and supervision of owner agent or contractor. 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. Discount Total Charge On Location State FLOAT EQUIPMENT CFL-117 or CD110 CAF 38 State Cement Amount Ordered Pumptrk Charge Handling 140 Mud CLR 48 Guide Shoe AFU Inserts Latch Down Float Shoe Centralizer Common Poz. Mix Flowseal Calcium Mileage Charge To Kol-Seal Baskets Mileage Owner County Street Hulls Sand Gel. City Salt Range JOB SERVICES & REMARKS Shoe Joint Displace 50 Depth Twp. Depth Depth Well No. T.D. EQUIPMENT Sec. 4-10-16 No. No. No. Cement Left in Csg. So. D/V or Port Collar Mouse Hole Centralizers Contractor Meas Line X Signature Hole Size Tbg. Size Type Job Rat Hole Pumptrk Baskets Bulktrk Pickup Bulktrk Lease Csg. Tool