

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

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

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.

6882

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	7-12-18	Sec.	3	Twp.	29	Range	18	County	Kiowa	State	Ks	On Location		Finish	5:00
Lease	McKinley		Well No.		1-3		Location								
Contractor	Quality Well Service							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.	4.5		Depth				Charge To F.G. Hall								
Tbg. Size								Depth							
Tool								Street							
Cement Left in Csg.								Depth							
Meas Line								City							
							State								
							The above was done to satisfaction and supervision of owner agent or contractor.								
							Cement Amount Ordered 155 ss 60/40 4% Gel								
							155x gel on side								
EQUIPMENT															
Pumptrk	8	No.					Common 95								
Bulktrk	9	No.					Poz. Mix 60								
Bulktrk		No.					Gel. 20								
Pickup		No.					Calcium 1								
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 155x Gel 505x 60/40							Sand								
4% Gel @ 1260'							Handling 176								
							Mileage 35								
2nd Pumped 505x 60/40 4% Gel							FLOAT EQUIPMENT								
@ 720'							Guide Shoe								
							Centralizer								
3rd Pumped 305x 60/40 4% Gel							Baskets								
@ 360'							AFU Inserts								
							Float Shoe								
4th Pumped 255x 60/40 4% Gel							Latch Down								
@ 40' to surface							LMV 35								
							Service supervisor								
							Pumptrk Charge PTA								
							Mileage 70								
							Tax								
							Discount								
							Total Charge								
X Signature															