

**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.

6835

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	5-1-18	Sec.	27	Twp.	29	Range	13	County	Pratt	State	KS	On Location	Finish
Lease	Mason	Well No.	4	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					
Tbg. Size								Charge To					
Tool								Depth					
Cement Left in Csg.								Street					
Meas Line								City					
							State						
							The above was done to satisfaction and supervision of owner agent or contractor.						
							Cement Amount Ordered						
							335 sv 60/40 4% gel						
							15 sv 60/40 4% gel						
<b>EQUIPMENT</b>													
Pumptrk	8	No.						Common					
Bulktrk	10	No.						Poz. Mix					
Bulktrk		No.						Gel.					
Pickup		No.						Calcium					
<b>JOB SERVICES &amp; REMARKS</b>													
Rat Hole								Hulls					
Mouse Hole								Salt					
Centralizers								Flowseal					
Baskets								Kol-Seal					
D/V or Port Collar	5-1-18							Mud CLR 48					
1 <sup>st</sup> Pumped 15 sv 60/40 4% gel 50 sv cement							CFL-117 or CD110 CAF 38						
60/40 4% gel							Sand						
							Handling						
							Mileage						
							10						
<b>FLOAT EQUIPMENT</b>													
2 <sup>nd</sup> Pumped 75 sv 60/40 4% gel							Guide Shoe						
2 320 had no circulation							Centralizer						
shut down							Baskets						
5-2-18							AFU Inserts						
1 <sup>st</sup> Tagged cement 2 650 pump							Float Shoe						
75 sv 60/40 4% gel 320							Latch Down						
300							LNV 10						
2 <sup>nd</sup> Pumped 40 sv 60/40 4% gel							Service Supervisor						
circulation to hole cement 60/40							Pumptrk Charge						
pumped 40 sv 60/40 4% gel							PTA						
back to surface 5-2-18							Mileage						
							20						
1 <sup>st</sup> Tagged well off with 55 sv													
60/40 4% gel													
											Tax		
											Discount		
											Total Charge		
<input checked="" type="checkbox"/> Signature													