KOLAR Document ID: 1421832

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					
City:	State:	Zip: +		Feet from East / West Line of Section					
Contact Person:				Footages Calculated from Nearest Outside Section Corner:					
Phone: ()					NE NW	SE SW			
Type of Well: (Check one)		OG D&A Cathodi		County: Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)					
Producing Formation(s): List A	II (If needed attach another	sheet)		by:		(KCC District Agent's Name)			
Depth to	Top: Botto	m: T.D		Plugging Commenced:					
Depth to	•	m: T.D		Plugging Completed:					
Depth to	Top: Botto	m:T.D			9				
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us		-				Is used in introducing it into the hole. If			
Plugging Contractor License #		Name:	ne:						
Address 1:			Address 2	:					
City:				State:		Zip:+			
Phone: ()									
Name of Party Responsible for	r Plugging Fees:								
State of	County, _			, SS.					
	,				imployed of Operator of	Operator on above-described well,			
(Print Name)					imployee of Operator or	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.

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QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

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 8-23-18	Sec.	Twp. 29	Range		County	State	On Location	Finish			
	_		6	K	cicinan	K					
Lease Kostner		ell No.	DI	Locat	ion						
Contractor Quality Well Salvice					Owner						
Type Job 12719					To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish						
Hole Size T.D.					cementer and helper to assist owner or contractor to do work as						
Sog. Copui					To Vess						
Tbg. Size Depth				Street							
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 EQUIPMENT				Cement Amount Ordered 216 V (Common							
C No.					1054 Get en side						
Pumptrk No. No.											
Bulktrk No.					Poz. Mix						
Pickup No.					Gel.						
JOB SER\	/ICES &	DEMADI	V C		Calcium 2						
Rat Hole	TOLS &	KEWAKI	13		Hulls						
Mouse Hole					Salt						
Centralizers					Flowseal						
Baskets	200				Kol-Seal						
D/V or Port Collar					Mud CLR 48						
D/V of Port Collar					CFL-117 or CD110 CAF 38						
P Kunger 10) (X (0.66	The second second		Sand						
1 1 10 10	C U	MITE	a 1/e/		Handling 27	2 111 11 11 11					
Tanggra) Coment	0	700			Mileage 45	Serie Francis		William Joseph			
0 1 7					FLOAT EQUIPMENT						
Sec Purped 755x Common D					Guide Shoe						
			SECTION DOS		Centralizer						
(20 PV.W. 91) 17					Baskets						
the state of the s					AFU Inserts						
300 hourse					Float Shoe						
To your live and the same of t				L	atch Down						
					LMV 45						
						Expenditor					
					umptrk Charge	PTA					
				N	Mileage 90	William States					
	The state of						Tax				
							Discount				
gnature							Total Charge				