

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.

6916

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	8-31-12	Sec.	27	Twp.	28N	Range	9W	County	Kingman	State	Ks	On Location		Finish		
Lease	Quinn	Well No.	4	Location												
Contractor	QWS	Owner										To Quality Well Service, Inc.				
Type Job	VTA	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	7 7/8	T.D.														
Csg.	542	Depth										2015'				
Tbg. Size		Depth										Charge To				
Tool		Depth										Vess O.L. Corp				
Cement Left in Csg.		Shoe Joint										Street				
Meas Line		Displace										City				
										State						
										The above was done to satisfaction and supervision of owner agent or contractor.						
										Cement Amount Ordered						
										25000 6/24/12 41 lbs						
EQUIPMENT																
Pumptrk	8	No.	75	Common												141
Bulktrk	7	No.	1000	Poz. Mix												4
Bulktrk		No.		Gel.												13
Pickup		No.		Calcium												2
JOB SERVICES & REMARKS																
Rat Hole															Hulls	
Mouse Hole															Salt	
Centralizers															Flowseal	
Baskets															Kol-Seal	
D/V or Port Collar															Mud CLR 48	
1st Plug 1200'	178 cbl 520 cbl 310 cbl														CFL-117 or CD110 CAF 38	
1200 cbl															Sand	
520 cbl															Handling	
															Mileage	
FLOAT EQUIPMENT																
2nd Plug 750'	350 cbl 350 cbl														Guide Shoe	
350 cbl															Centralizer	
															Baskets	
3rd Plug 400'	150 cbl 150 cbl														AFU Inserts	
150 cbl															Float Shoe	
															Latch Down	
															Pumptrk Charge	
															Mileage	
Thank you!										Tax						
PLEASE CALL ACHW										Discount						
TODD DEER T.S. SPEC II										Total Charge						
Signature																

