

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.

6895

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	Sec.	Twp.	Range	County	State	On Location	Finish
8-15-13	17	30S	6W	Kingman	Ks		
Lease T-Bar Land - Call # 1111		Well No.		Location Range 5 E to 316 TOP 1345			
Contractor RED ROCK ENERGY SERVICES INC				Owner YAW WILCO			
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 7 7/8		T.D.		Charge To Wildcat Oil & Gas			
Csg.		Depth		Street			
Tbg. Size 2 7/8		Depth 1150		City			
Tool		Depth		State			
Cement Left in Csg.		Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace		Cement Amount Ordered 250 sc Common 31 ll on site			
EQUIPMENT							
Pumptrk 8 No.		15		Common 185			
Bulktrk 9 No.		Mike		Poz. Mix			
Bulktrk No.				Gel.			
Pickup No.		1000		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 1150' 105 sc Gel 90 sc Common 31 ll				Sand			
Break size w/ H ₂ O 20 Bbls				Handling 187			
Mike Pump 105 sc Gel				Mileage 55			
Mike Pump 405 sc Common 31 ll				FLOAT EQUIPMENT			
1150 H ₂ O WOC 112 tag 950'				Guide Shoe			
2nd Plug 750' 355 Common				Centralizer			
355 sc Common				Baskets			
0100 H ₂ O				AFU Inserts			
3rd Plug 300'				Float Shoe			
Mike Pump 100 sc Common				Latch Down			
Circ Cart TO AT				SERVICE SUPERVISOR			
PTO 2H				LMU 55			
TOP OFF 105 sc total 185 sc				Pumptrk Charge PTA			
				Mileage 110			
Thank you Please Call AGAIN						Tax	
TODD HITS MAKE						Discount	
Signature (Signature)						Total Charge	