

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.

6961

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	10-25-18	Sec.	31	Twp.	33	Range	11	County	Parker	State	K	On Location		Finish	
Lease	Well No.		A-1		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.								Charge To						
Csg.	3 1/2								Depth						
Tbg. Size	3 1/2								Depth						
Tool									Street						
Cement Left in Csg.									City						
Meas Line									State						
Shoe Joint								The above was done to satisfaction and supervision of owner agent or contractor.							
Displace								Cement Amount Ordered							
EQUIPMENT															
Pumptrk	No.							Common							
Bulktrk	No.							Poz. Mix							
Bulktrk	No.							Gel.							
Pickup	No.							Calcium							
JOB SERVICES & REMARKS															
Rat Hole								Hulls							
Mouse Hole								Salt							
Centralizers								Flowseal							
Baskets								Kol-Seal							
D/V or Port Collar								Mud CLR 48							
1" Pumptrk 10 x 60 50								CFL-117 or CD110 CAF 38							
Entered 4 3/4 60 2 1/2								Sand							
								Handling							
								Mileage							
FLOAT EQUIPMENT															
2 1/2 Pumptrk 50 x 60 4 1/2								Guide Shoe							
60 2 1/2								Centralizer							
2 1/2 Pumptrk 30 x 60 4 1/2								Baskets							
60 2 1/2								AFU Inserts							
								Float Shoe							
								Latch Down							
								LHW 45							
								Some 50							
								Pumptrk Charge							
								Mileage							
												Tax			
												Discount			
												Total Charge			
<input checked="" type="checkbox"/> Signature															