

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.

6960

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	10-22-18	Sec.	31	Twp.	33	Range	11	County	Barber	State	KS	On Location	Finish	
Lease	Newkirk	Well No.	A-2		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				Charge To					Vess oil
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				Cement Amount Ordered					75.56 60/40 4% Gel
EQUIPMENT														
Pumptrk	8	No.							Common					45
Bulktrk	7	No.							Poz. Mix					30
Bulktrk		No.							Gel.					3
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					
1st Run tubing to 620 pumped														
45.56 60/40 4% Gel circulated														
cut 4.5 csg.														
FLOAT EQUIPMENT														
2nd Hooked up to 4.5 csg														
pumped 30.56 60/40 4% Gel														
shut in 300psi														
Guide Shoe														
Centralizer														
Baskets														
AFU Inserts														
Float Shoe														
Latch Down														
LMV 45														
Service Sponsior														
Pumptrk Charge													PTA	
Mileage													90	
Tax														
Discount														
Total Charge														
Signature														