

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.

7023

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	12-18-18	Sec.	3	Twp.	30S	Range	21W	County	CLARK	State	Ks	On Location		Finish	
Lease	HALLER	Well No.	1-3			Location						Bocklin, Ks. S to B&E 1.3 E W into			
Contractor	DUKE Orlg. Rig #1							Owner							
Type Job	PTA							To Quality Well Service, Inc.							
Hole Size	7 7/8							You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Csg.								Charge To							
Tbg. Size	4 1/2 OP							MULL Delg. Co. Inc							
Tool								Street							
Cement Left in Csg.								City							
Meas Line								State							
EQUIPMENT							The above was done to satisfaction and supervision of owner agent or contractor.								
Pumptrk	8	No.	TJ			Cement Amount Ordered									
Bulktrk	7	No.	JAKE			220 ss 60/40 4 1/2 FEL									
Bulktrk		No.				Common									
Pickup		No.				130 ss 132									
JOB SERVICES & REMARKS							Poz. Mix								
Rat Hole	30 ss							88 ss 88							
Mouse Hole	20 ss							Gel.							
Centralizers								9							
Baskets								Calcium							
D/V or Port Collar								Hulls							
1 1/2" Plug 60' 50 ss 60/40 4 1/2 FEL								Salt							
Pump H2O								Flowseal							
Mix Pump 50 ss 60/40 4 1/2 FEL								Kol-Seal							
Disp H2O								Mud CLR 48							
D. Sp MUD								CFL-117 or CD110 CAF 38							
2 1/2" Plug 1400' 50 ss 60/40 4 1/2 FEL								Sand							
Pump H2O								Handling							
Mix Pump 50 ss 60/40 4 1/2 FEL								220 220							
Disp H2O								Mileage							
D. Sp MUD								50							
FLOAT EQUIPMENT															
3" Plug 1400' 50 ss 60/40 4 1/2 FEL								Guide Shoe							
Pump H2O								Centralizer							
Mix Pump 50 ss 60/40 4 1/2 FEL								Baskets							
Disp H2O								AFU Inserts							
D. Sp MUD								Float Shoe							
3" Plug 35' 50 ss 60/40 4 1/2 FEL								Latch Down							
Pump H2O								SERVICE SUPERVISOR							
Mix Pump 50 ss 60/40 4 1/2 FEL								LMU 50							
Disp H2O								Pumptrk Charge							
60 20 ss 60/40 4 1/2 FEL								PTA							
							Mileage								
							100								
							Tax								
							Discount								
							Total Charge								
Signature							M. L. Bradley								
							TOMMY JAKE								