

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.

6993

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

*JWS
2/19/03*

Phugwell

Date <i>11-29-18</i>	Sec. <i>34</i>	Twp. <i>32</i>	Range <i>12</i>	County <i>Barber</i>	State <i>Ks</i>	On Location	Finish
Lease <i>Dillman Ash</i>		Well No. <i>5</i>		Location			

Contractor <i>Alliance</i>		Owner	
Type Job <i>PTA</i>		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	<i>Griffin</i>
Csg.	Depth	Street	
Tbg. Size <i>27/8</i>	Depth	City	State
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered <i>1255x 60/40 4% Gel</i>	
Meas Line	Displace		

EQUIPMENT

Pumptrk <i>6</i>	No.		<i>105x 60l on side</i>
Bulktrk <i>10</i>	No.		Common <i>75</i>
Bulktrk	No.		Poz. Mix <i>50</i>
Pickup	No.		Gel. <i>14</i>
			Calcium

JOB SERVICES & REMARKS

Rat Hole	Hulls
Mouse Hole	Salt
Centralizers	Flowseal
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
<i>1st Pumped 105x 60l 505x 60/40</i>	CFL-117 or CD110 CAF 38
<i>4% Gel @ 610'</i>	Sand
	Handling <i>139</i>
	Mileage <i>20</i>

FLOAT EQUIPMENT

<i>2nd Pumped 505x 60/40 4% gel @ 318'</i>	Guide Shoe
	Centralizer
<i>3rd Pumped 255x 60/40 11% gel @ 62' to surface</i>	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	<i>LMI 20</i>
	<i>Service supervisor</i>
	Pumptrk Charge <i>PTA</i>
	Mileage <i>40</i>

X Signature <i>JWS</i>	Tax
	Discount
	Total Charge