

**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.

6987

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

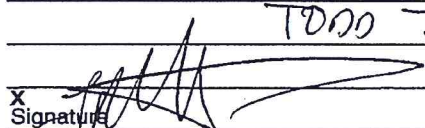
Mailing Address P.O. Box 468

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
11-27-18	34	32S	12W	Baheer	Ks		
Lease Randels	Well No. B-4		Location MEO Lodge K. S to Pleasant Hill Rd				
Contractor Alliance Well Service P.g #10				Owner I.BW 1.2 SE 1/4			
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.						
Csg.	Depth CJB 4600		Charge To Griffin CHARLES				
Tbg. Size 23/3	Depth 552'		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 125 sc 60/40 4 1/2 GEL				
<b>EQUIPMENT</b>				10 sc GEL on side			
Pumptrk 8	No.	TJ		Common 75			
Bulktrk 4	No.	JAKE		Poz. Mix 50			
Bulktrk	No.			Gel. 14			
Pickup	No.			Calcium			
<b>JOB SERVICES &amp; REMARKS</b>				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
DN or Port Collar CJBPD 4600' cut off 2900'				CFL-117 or CD110 CAF 38			
1st Plug 55' 60/40 4 1/2 GEL				Sand			
Pump 10 sc GEL				Handling 139			
Pump 50 sc 60/40 4 1/2 GEL				Mileage 20			
Diso H2O 297'				<b>FLOAT EQUIPMENT</b>			
2nd Plug 300' 50 sc 60/40 4 1/2 GEL				Guide Shoe			
Pump 50 sc 60/40 4 1/2 GEL				Centralizer			
Diso H2O				Baskets			
3rd Plug 65'				AFU Inserts			
25 sc 60/40 4 1/2 GEL				Float Shoe			
CIRC CMT TO PIT				Latch Down			
Thank you				SERVICE SUPERVISOR			
PLEASE Call AGAIN				LMV 20			
				Pumptrk Charge PTA			
				Mileage 20			
 TODD TJ JAKE				Tax			
				Discount			
				Total Charge			