

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.

7134

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	5-17-19 5-23-19	Sec.	3	Twp.	31	Range	21	County	Clark	State	KS	On Location		Finish	
Lease	Smith		Well No.	3-16-10		Location									
Contractor	Quality Well Service							Owner							
Type Job	Pumped Pattern 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.	4.5							R + R oil + Gas							
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 210 5x 60/40 4% Gal							
EQUIPMENT										1500 Gal on site					
Pumptrk	No. 6						Common 130								
Bulktrk	No. 15						Poz. Mix 80								
Bulktrk	No.						Gel. 22								
Pickup	No.						Calcium 2								
JOB SERVICES & REMARKS										Hulls 100 #					
Rat Hole								Salt							
Mouse Hole								Flowseal							
Centralizers								Kol-Seal							
Baskets								Mud CLR 48							
D/V or Port Collar	5-17-19							CFL-117 or CD110 CAF 38							
Hooked up to 4.5 csg. (pumped)										Sand					
300x 60/40 4% Gal 100 # hulls										Handling 236					
Displaced to 5950' shot in 180psi										Mileage 60					
5-23-19										FLOAT EQUIPMENT					
1st Pumped 100x 60/40 50x 60/40										Guide Shoe					
4% Gal 50x @ 1200										Centralizer					
										Baskets					
2nd Pumped 50x 60/40 4% Gal										AFU Inserts					
300x @ 710										Float Shoe					
										Latch Down					
3rd Pumped 40x 60/40 4% Gal										LMV 60					
@ 330										Service supervisor					
										Pumptrk Charge PTA Pumped Pattern					
4th Pumped 40x 60/40 4% Gal										Mileage 120					
@ 40 to surface															
										Tax					
										Discount					
X Signature										Total Charge					