

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.

7083

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

15-185-11172-00-00

Date	Sec.	Twp.	Range	County	State	On Location	Finish
3-22-19	7	22S	12W	STAFFORD	Ks		
Lease Frank Hitz		Well No. B-1		Location 281-K-19-H's E to 40th Rd			
Contractor				Owner 15 1/2 W Von Winters			
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. 5 1/2		Depth 3350' CIBP		Charge To UAMCO OPERATIONS			
Tbg. Size 2 7/8		Depth		Street			
Tool		Depth		City			
Cement Left in Csg.		Shoe Joint		State			
Meas Line		Displace		The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Amount Ordered 260 sk 60/40 4 1/2 FEL							
EQUIPMENT				12 sk FEL 400 lbs Hulls on side 0X02654			
Pumptrk 6	No.	Richardson		Common 159 sk			
Bulktrk 10	No.	TS		Poz. Mix 106 sk			
Bulktrk	No.			Gel. 21 sk			
Pickup	No.			Calcium			
JOB SERVICES & REMARKS				Hulls 4 sk 400 lbs			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
DV or Port Collar CIBP 3350' Perf 700'				CFL-117 or CD110 CAF 38			
1st Plug 1550' 12 sk FEL 400 lbs Hulls				Sand			
Mix Pump 12 sk FEL W/400 lbs Hulls				Handling 299			
Dip 120				Mileage 40			
				FLOAT EQUIPMENT			
2nd Plug 720'				Guide Shoe			
Mix Pump 135 sk 60/40 4 1/2 FEL				Centralizer			
CIBP 5 1/2 shut valve				Baskets			
Mix Pump 115 sk 60/40 4 1/2 FEL				AFU Inserts			
CIBP 5 1/2 x 8 7/8				Float Shoe			
SHUTDOWN PTOOH				Latch Down			
TOP OFF 5 1/2				SERVICE SPR.			
15 sk 60/40 4 1/2 FEL				LMV 40			
Thank you				Pumptrk Charge PTA			
Please Call AGAIN				Mileage 80			
Toon Richard to Best							
X Signature				Tax			
				Discount			
				Total Charge			

John Thomas