

**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.

7128

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	5-30-19	Sec.	15	Twp.	32S	Range	12W	County	Barber	State	KS	On Location		Finish				
Lease	Lonkard	Well No.	D-1		Location MED LODGE KI L110 Red Rock Rd													
Contractor	Alliance Well Service Inc Rig # 18							Owner I S to 1/2 EV S.110										
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								Charge To	Guffin	
Tbg. Size	2 7/8		Depth							700'							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 150 x 60/40 4 1/2 FEL			
<b>EQUIPMENT</b>											10x FEL SIDE USED 125 x							
Pumptrk	B	No.	TJ							Common							75 x	
Bulktrk	15	No.	JIM							Poz. Mix							50 x	
Bulktrk		No.								Gel.							14 x	
Pickup		No.								Calcium								
<b>JOB SERVICES &amp; REMARKS</b>											Hulls							
Rat Hole											Salt							
Mouse Hole											Flowseal							
Centralizers											Kol-Seal							
Baskets											Mud CLR 48							
D/V or Port Collar											CFL-117 or CD110 CAF 38							
1st Plug 700' 10x FEL 100x 60/40 4 1/2 FEL											Sand							
Mix Pump 10 x FEL											Handling 139							
Mix Pump 100 x 60/40 4 1/2 FEL											Mileage 20							
Disp H2O											<b>FLOAT EQUIPMENT</b>							
SHUT DOWN PTOOH											Guide Shoe							
2nd Plug 60'											Centralizer							
Mix Pump 25 x 60/40 4 1/2 FEL											Baskets							
CIRC CMT TO PIT											AFU Inserts							
											Float Shoe							
											Latch Down							
											SERVICE SWD 1EA							
											LMV 20							
Thank you											Pumptrk Charge PTA							
PLEASE CALL AGAIN											Mileage 40							
TODD TS Jim																		
Signature Andrew																		
											Tax							
											Discount							
											Total Charge							