

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.

7215

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
9-3-19	2	7S	20W	Boonville	Ks		
Lease	KSSS		Well No.	1-2		Location STOCKTON KS 3 W to Jrd 9 W to	
Contractor CO-TOOLS				Owner 6 RD 2 ⁷ / ₈ N Winto			
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.	4 ¹ / ₂		Depth	3497		Charge To OIL PRODUCERS TAC OF KS	
Tbg. Size	2 ³ / ₈		Depth				
Tool			Depth	Street			
Cement Left in Csg.			Shoe Joint	City State			
Meas Line			Displace	The above was done to satisfaction and supervision of owner agent or contractor.			
EQUIPMENT				Cement Amount Ordered 450 SX 60/40 4 ¹ / ₂ FEL			
Pumptrk	B No.				700 ⁺ HULLS USED 295 SX		
Bulktrk	11 No.				Common 177 SX		
Bulktrk	No.				Poz. Mix 113 SX		
Pickup	No.				Gel. 1015 [#]		
JOB SERVICES & REMARKS				Calcium			
Rat Hole					Hulls 5 SX		
Mouse Hole					Salt		
Centralizers					Flowseal		
Baskets					Kol-Seal		
D/V or Port Collar					Mud CLR 48		
1 ST PLOG 3497' 75 SX 60/40 4 ¹ / ₂ FEL 300 ⁺ hulls				CFL-117 or CD110 CAF 38			
Mix! Pump 75 SX 60/40 4 ¹ / ₂ FEL w/ 300 ⁺ hulls				Sand			
Disp H2O				Handling 305			
2 ND PLOG 2600' 100 SX 60/40 4 ¹ / ₂ FEL 200 ⁺ hulls				Mileage 60 / 9150			
Mix! Pump 100 SX 60/40 4 ¹ / ₂ FEL w/ 200 ⁺ hulls				FLOAT EQUIPMENT			
Disp H2O				Guide Shoe			
3 RD PLOG 1700' circ				Centralizer			
Mix! Pump 100 SX 60/40 4 ¹ / ₂ FEL				Baskets			
Circ CMT TO SURFACE				AFU Inserts			
PTOON				Float Shoe			
Hook up to 4 ¹ / ₂ CG Mix! Pump 10 SX				Latch Down			
Hook up to 8 ⁵ / ₈ CG Mix! Pump 10 SX				SERVICE SQU 1 EA			
Bottle up around Wellhead: on Both				LMV 10			
Thank you				Pumptrk Charge PTA			
PLEASE CALL AGAIN				Mileage 120			
TODD TS TAKE				Tax			
Signature				Discount			
				Total Charge			