

**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

Form CP-4  
March 2009

Type or Print on this Form  
Form must be Signed  
All blanks must be Filled

**WELL PLUGGING RECORD**  
K.A.R. 82-3-117

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.

7229

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	9-18-19	Sec.	22	Twp.	34S	Range	11W	County	Barber	State	Ks	On Location		Finish		
Lease	LEISA	Well No.	4	Location MEOLodge, K1 S to GEORGE RD W to BELMONT RD												
Contractor	CO-TOOLS	Owner						4 S to AUGUST 1 W N into								
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.	5 1/2	Depth						Charge To VAL ENERGY								
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 135 sx 60/40 4 1/2 GEL								
<b>EQUIPMENT</b>										10 x GEL 2 x CL on side						
Pumptrk	8	No.		Common						81 sx						
Bulktrk	10	No.		Poz. Mix						54 sx						
Bulktrk		No.		Gel.						1465 "						
Pickup		No.		Calcium						100 "						
<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 10 x GEL 50 sx 60/40 4 1/2 GEL										Sand						
Mix Pump 10 sx GEL										Handling 152						
Mix Pump 50 sx 60/40 4 1/2 GEL w/ 1 1/2 CL										Mileage 40 / 6000						
DISO H2O										<b>FLOAT EQUIPMENT</b>						
2nd Plug 240 40 sx 60/40 4 1/2 GEL										Guide Shoe						
Mix Pump 40 sx 60/40 4 1/2 GEL w/ CL										Centralizer						
DISO H2O										Baskets						
3rd Plug 40										AFU Inserts						
Mix Pump 45 sx 60/40 4 1/2 GEL										Float Shoe						
Circ cut to R/L										Latch Down						
										SERVICE Spx 1 EA						
										EMI						
Thank you										Pumptrk Charge PTA						
PLEASE CALL AGAIN										Mileage 80						
TODD IS SIM																
Signature <i>Todd Howard</i>										Tax						
										Discount						
										Total Charge						