

**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.

7249

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	10-24-19	Sec.	B	Twp.	35S	Range	14W	County	Barber	State	Ks	On Location		Finish			
Lease	BENSON		Well No.	2-9		Location Hardrock Ks 12 W 14 N 10											
Contractor	QWS							Owner									
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 1/8		T.D.														
Csg.	4 1/2		Depth		4760' 0500'										Charge To	Pillok 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										220 & 60/40 4 1/2 EL				
<b>EQUIPMENT</b>										10x CEL 2 & CC 0-500							
Pumptrk	3	No.											Common 132 &				
Bulktrk	10	No.											Poz. Mix 88 &				
Bulktrk		No.											Gel. 1757 #				
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 600' 10x CEL 57 & 60/40 4 1/2 EL										Sand							
Mix Pump 10 & CEL										Handling 237							
Mix Pump 57 & 60/40 4 1/2 EL 1 & CC										Mileage 50 / 9000							
Disp H2O										<b>FLOAT EQUIPMENT</b>							
2nd Plug 230' 10 & 60/40 4 1/2 EL										Guide Shoe							
Mix Pump 10 & 60/40 4 1/2 EL 1/2 & CC										Centralizer							
Disp H2O										Baskets							
3rd Plug 40'										AFU Inserts							
Mix Pump 60 & 60/40 4 1/2 EL 1/2 & CC										Float Shoe							
Circ Cont TO P.T										Latch Down							
TOP OFF 10 &										SERVAGE SUP 1 EA							
										LUM 50'							
Thank you										Pumptrk Charge PTA							
PLEASE CALL PHON										Mileage 100							
TODD TO JAKE										Tax							
DAN DECEL										Discount							
Signature <i>[Signature]</i>										Total Charge							