

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.

7253

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	10-28-19	Sec.	24	Twp.	32S	Range	32W	County	SEWARD	State	Ks	On Location		Finish				
Lease	REISS	Well No.	A 1			Location Plains, Ks. 160 W to Rd R 1 1/2 S E S 1/4												
Contractor	MOHEGAN Well Service							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	9 7/8			T.D.														
Csg.	5 1/2			Depth			CIBO 1720'			Charge To						O.L PRODUCERS INC. OF Ks		
Tbg. Size	2 3/8			Depth														
Tool				Depth			Street						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 265 SK 60/40 4 1/2 GEL											

EQUIPMENT					
Pumptrk	B	No.		Common	159
Bulktrk	11	No.		Poz. Mix	106
Bulktrk		No.		Gel.	912"
Pickup		No.		Calcium	

JOB SERVICES & REMARKS					
Rat Hole				Hulls	100"
Mouse Hole				Salt	
Centralizers				Flowseal	
Baskets				Kol-Seal	
D/V or Port Collar				Mud CLR 48	
Hookups to 5 1/2 csg pi. test CIBO				CFL-117 or CD110 CAF 38	
3 1/2 Bbls 300' HELD RELEASE				Sand	
Depth 11630' Tbg to 11672				Handling	274
Mix! Pump 50 SK 60/40 4 1/2 GEL 100' hulls				Mileage	75 / 110 275
DISC H2O				FLOAT EQUIPMENT	
PTOOTH PERFOR 550				Guide Shoe	
Hookups to 5 1/2				Centralizer	
Mix! Pump 90 SK 60/40 4 1/2 GEL				Baskets	
SHUT DOWN Run tbg in hole. 550'				AFU Inserts	
Mix! Pump 45 SK 60/40 4 1/2 GEL				Float Shoe	
CIN. RAT TO P.T. PTOOTH				Latch Down	
TOP OFF 5 1/2 10 SK 60/40 4 1/2 GEL				SERVICE Spn 1 EA	
Hookup 7 7/8 mix 70 SK 60/40 4 1/2 GEL				LMV 75	
150"				Pumptrk Charge PTA	
Thru 400				Mileage	150

X Signature	Tax	
	Discount	
	Total Charge	