

**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.

\_\_\_\_\_  
(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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.

7027

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 <i>Oct 15</i>	Sec. <i>31</i>	Twp. <i>21</i>	Range <i>5</i>	County <i>Grady</i>	State <i>K</i>	On Location	Finish
Lease <i>Wilson</i>	Well No. <i>1</i>	Location					
Contractor <i>Q. H. W. H. Service</i>				Owner			
Type Job <i>PTH</i>	T.D.			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	Depth			Charge To <i>Rope 21</i>			
Csg.	Depth			Street			
Tbg. Size	Depth			City State			
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 <i>1105x 60mm</i>			
<b>EQUIPMENT</b>							
Pumptrk	No.			Common <i>110</i>			
Bulktrk	No.			Poz. Mix			
Bulktrk	No.			Gel.			
Pickup	No.			Calcium <i>200 #</i>			
<b>JOB SERVICES &amp; REMARKS</b>							
Rat Hole				Hulls <i>100 #</i>			
Mouse Hole				Salt			
Centralizers				Flowseal			
Baskets				Kol-Seal			
D/V or Port Collar				Mud CLR 48			
				CFL-117 or CD110 CAF 38			
				Sand			
				Handling <i>116</i>			
				Mileage <i>4</i>			
<b>FLOAT EQUIPMENT</b>							
				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				<i>LMV 45</i>			
				<i>Service Synthetic</i>			
				Pumptrk Charge <i>PTH</i>			
				Mileage <i>90</i>			
				Tax			
				Discount			
				Total Charge			
X Signature							