

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.

7264

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	11-4-19	Sec.	30	Twp.	31S	Range	7W	County	Harper	State	Ks	On Location	Finish	
Lease	H25164E2		Well No.	SW00000		Location								
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						T.D.								
Csg.	7" 23		Depth		4900' CE3P		Charge To					Woolsey OPERATING CO		
Tbg. Size	2 3/8		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					195 & 60/40 4/EL	
EQUIPMENT														
Pumptrk	5	No.			Common							1075		
Bulktrk	11	No.			Poz. Mix							78 50		
Bulktrk	15	No.			Gel.							671 50 11		
Pickup		No.			Calcium							150 11		
JOB SERVICES & REMARKS														
Rat Hole						Hulls								
Mouse Hole						Salt								
Centralizers						Flowseal								
Baskets						Kol-Seal								
D/V or Port Collar	CE3P @ 4900					Mud CLR 48								
Tbb	@ 4332					CFL-117 or CD110 CAF 38								
Pump H2O	@ 4110					Sand								
Mix Pump	25 & 60/40 4/EL w/ 15x11					Handling							205	
0.30 H2O						Mileage							55	
FLOAT EQUIPMENT														
PTT @ 4200'	Pump 85 BW, H2O					Guide Shoe								
PTT 1300						Centralizer								
Pump H2O						Baskets								
Mix Pump	50 & 60/40 4/EL w/ 15x11					AFU Inserts								
Pump H2O						Float Shoe								
PTT 950						Latch Down								
Mix Pump	50 & 60/40 4/EL w/ 15x11					SERVICE SUP							1 EA	
Dis H2O						LMJ							55	
PTT 300	Circ					Pumptrk Charge							PTA	
Mix Pump	60 & 60/40 4/EL					Mileage							110	
PTT 004	TOP OFF 105 & 60/40 4/EL													
											Tax			
											Discount			
											Total Charge			
X Signature														