

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.

7248

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	Sec.	Twp.	Range	County	State	On Location	Finish
10-22-19	19	3AS	11W	Barber	Ks		
Lease LOAN		Well No. SX		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 7 7/8		T.D.		Charge To Woolsey OPERATING Co. LLC			
Csg. 4 1/2		Depth 4605		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 175 60/40 4 1/2 FEL			
EQUIPMENT				10 SX FEL - 2 SX CC ON SAG			
Pumptrk 8 No.				Common 105 SX			
Bulktrk 10 No.				Poz. Mix 70 SX			
Bulktrk No.				Gel. 16 SX			
Pickup No.				Calcium 100#			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets (CBP) 4600 (CD) 3020				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
1 st Plug 600' 10 SX FEL 50 SX 60/40 4 1/2 FEL				Sand			
H/K Pump 10 SX FEL				Handling 193			
H/K Pump 50 SX 60/40 4 1/2 FEL 1 SX CC				Mileage 45 / 8685			
Disp H2O				FLOAT EQUIPMENT			
2 nd Plug 260' 75 SX 60/40 4 1/2 FEL				Guide Shoe			
H/K Pump 75 SX 60/40 4 1/2 FEL 1/2 SX CC				Centralizer			
Disp H2O				Baskets			
3 rd Plug 40				AFU Inserts			
H/K Pump 50 SX 60/40 4 1/2 FEL 1/2 SX CC				Float Shoe			
CFL CLR TO PIT				Latch Down			
				SERVICE Spv. 1 EA			
				LMV 45			
				Pumptrk Charge PTA			
				Mileage 90			
				Tax			
				Discount			
				Total Charge			
Thank you Please call AGAIN TODD JO JAKE DAVID DSEK							
X Signature							