

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.

7259

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	10-31-19	Sec.	30	Twp.	31S	Range	7W	County	HAWKEL	State	Ks	On Location		Finish	
Lease	HOSTETLER		Well No.	H owner		Location		Dugion, Ks S to 110 th Rd							
Contractor	QWS				Owner		3 1/2 W Ninto								
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		3600' CIBP		Charge To		WATKEY 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		170 SK 60/40 4/1 GEL						

EQUIPMENT

Pumptrk	9	No.		Common	117 SK
Bulktrk	11	No.		Poz. Mix	78 SK
Bulktrk		No.		Gel.	617'
Pickup		No.		Calcium	150'

JOB SERVICES & REMARKS

Rat Hole	Hulls
Mouse Hole	Salt
Centralizers	Flowseal
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
1 st Plug 3591	CFL-117 or CD110 CAF 38
2 nd Plug 1300	Sand
Mix: Pump 25 SK 60/40 4/1 GEL w/ 1 SK CC	Handling 205
Disp H ₂ O	Mileage 55

FLOAT EQUIPMENT

PT to 3000 Pump 50 SK H ₂ O	Guide Shoe
2 nd Plug 1300 50 SK 60/40 4/1 GEL	Centralizer
Pump H ₂ O	Baskets
Mix: Pump 50 SK 60/40 4/1 GEL w/ 1 SK CC	AFU Inserts
Disp H ₂ O	Float Shoe
3 rd Plug 950 50 SK 60/40 4/1 GEL	Latch Down
Mix: Pump 50 SK 60/40 4/1 GEL w/ 1 SK CC	SERVICE SUPV 1 EA
Disp H ₂ O	LMV 55
4 th Plug 305' CIBP	Pumptrk Charge PTA
Mix: Pump 60 SK 60/40 4/1 GEL	Mileage 110

PTOSP TOP OSP 10 SK 60/40 4/1 GEL	Tax
	Discount
X Signature	Total Charge