KOLAR Document ID: 1486160

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 #:			,	API No.	15				
Name:					Spot Description:				
Address 1:					Sec Twp S. R East West				
Address 2:				Feet from North / South Line of Section					
City:	State:	Zip: +	.	Feet from East / West Line of Section					
Contact Person:				Footages Calculated from Nearest Outside Section Corner:					
Phone: ()					NE NW	SE SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:					County: Well #:				
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)					
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)			
Depth to	Top: Botto	m: T.D		Plugging Commenced:					
Depth to	Top: Botto	m: T.D		Plugging Commerced:					
Depth to	Top: Botto	m:T.D	'	. ragging	g completed.				
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Re	Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If			
Plugging Contractor License #		Name:	ne:						
Address 1:			Address 2:	:					
City:			\$	State:		Zip:+			
Phone: ()									
Name of Party Responsible for	r Plugging Fees:								
State of	County, _			, ss.					
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed			
			E	imployee 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.

7260

QUALITY WELL SERVICE, INC. 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 O-31-19 30 3/5 7W	Sec.	Twp.	Range	. (County	State	On Location	Finish				
Lease HOST LEC Well No 2 H DUW Location	Date 10-31-19 30	315		HA	WEL	Kı						
Contractor QWS Type Job FTH Typ			1 owws									
Type Job PTA Hole Size 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. Charge Works A Direction (S. Charge Works A) Di												
Hole Size T.D. commenter and helper to assist owner or contractor to do work as listed. Cag. 7' 23" Depth 36 00' CTS Tog Size 273 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 Comment Amount Ordered (9.5 C £ 3/4) A / Cc EQUIPMENT Pumptrk S No. Common / 1/ 52 Bulletrk 11 No. Poz. Mix 76 x Bulletrk No. Gel. 6/7" Plokup No. Calcium / 50' JOB SERVICES & REMARKS Hulls Rat Hole Salt Mouse Hole Flowsoal Contractor (7.6 of 8) Salt Mouse Hole Creatizers Kol-Seal Baskets Mud CLR 48 DN or Port Collar CTC P 2600 CFL-117 or CD110 CAF 38 Sand DN or Port Collar CTC P 3600 CFL-117 or CD110 CAF 38 Sand DN or Port Collar Sign P 50 Bly H 20 Guide Shoe FLOAT EQUIPMENT TT 10 3000 San 50 Bly H 20 Guide Shoe Centralizer Baskots AFU Inserts FLOAT EQUIPMENT TT 10 3000 San 50 Bly H 20 Centralizer Baskots AFU Inserts Jan 120 San 50 C 60 A 2 4 / 6c C Centralizer Nich Ban 50 C					To Quality Well Service, Inc.							
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Meas Line Displace Cement Amount Ordered 195 & 50/494 / 6cc EQUIPMENT Pumptrk No	Tool	Depth			City State							
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