

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.

7338

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	1-10-20	Sec.	11	Twp.	23S	Range	17W	County	PAWNEE	State	Ks	On Location		Finish	
Lease	PARAMORE		Well No.	#1		Location 200K HWY 19 3 1/2 W N into									
Contractor	MOHEGAN Well SERVICE							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.												
Csg.	4 1/2		Depth		Charge To OIL PRODUCERS INC OF Ks										
Tbg. Size	2 3/8		Depth		4020										
Tool			Depth		Street										
Cement Left in Csg.			Shoe Joint		City State										
Meas Line			Displace		The above was done to satisfaction and supervision of owner agent or contractor.										
EQUIPMENT							Cement Amount Ordered 255 @ 60/40 4 1/2 fcl								
Pumptrk	3	No.				200" hulls									
Bulktrk	7	No.				Common 153									
Bulktrk		No.				Poz. Mix 102									
Pickup		No.				Gel. B77"									
JOB SERVICES & REMARKS							Calcium								
Rat Hole						Hulls 200" hulls									
Mouse Hole						Salt									
Centralizers						Flowseal									
Baskets						Kol-Seal									
D/V or Port Collar	Peafs 4083-72					Mud CLR 48									
1st Plug	4020					CFL-117 or CD110 CAF 38									
1st Pump	6 Bbls H ₂ O est Circ					Sand									
Mix Pump	20 @ 60/40 4 1/2 fcl w/ 100" hulls					Handling 264									
Disp H ₂ O	psi up 1500"					Mileage 55/8000									
FLOAT EQUIPMENT															
PTOAH Bond	LOG Reef 1140 - 320					Guide Shoe									
2nd Plug	1140 50 @ 60/40 4 1/2 fcl					Centralizer									
Mix Pump	50 @ 60/40 4 1/2 fcl w/ 100" Hulls					Baskets									
Disp H ₂ O						AFU Inserts									
3rd Plug	320' disc					Float Shoe									
Mix Pump	100 @ Circ out 8 7/8					Latch Down									
Mix Pump	50 @ Circ out 4 1/2					SERVICE Supp 1 EA									
PTOAH						LMV 55									
TBP OFF	4 1/2 25 @ 60/40 4 1/2 fcl					Pumptrk Charge PTA									
THANK YOU							Mileage 110								
PLEASE Call AGAIN															
TOOD TJ Mike Dllw															
Signature											Tax				
											Discount				
											Total Charge				