KOLAR Document ID: 1498896

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 #:			l APINo	o 15 -		
OPERATOR: License #:				Spot Description:		
Address 1:						
Contact Person:						
Phone: ()				NE NW	SE SW	
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.				County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced:		
Depth to Top: Bottom: T.D						
Depth to	о Тор: Во	ottom:T.D		ig Completed		
Show depth and thickness of	all water, oil and gas for	mations.				
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
	•	agged, indicating where the mu of same depth placed from (b	•		ds used in introducing it into the hole. If	
Plugging Contractor License #:						
Address 1: A			_ Address 2:	PSS 2:		
City:	ty:				Zip:+	
Phone: ()						
Name of Party Responsible for	or Plugging Fees:					
State of County,			, SS.			
				Employee 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.

QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124 Mailing Address P.O. Box 468

7030

Rich's Cell 620-727-3409 Office 620-727-3410 Brady's Cell 620-727-6964 Fax 620-672-3663 County State Range Twp. Sec On Location Finish Date Nous Location Well No. Lease To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish Contractor cementer and helper to assist owner or contractor to do work as listed. Type Job T.D. Hole Size Depth Csg. Depth Street Tbg. Size Depth City State The above was done to satisfaction and supervision of owner agent or contractor. Shoe Joint Cement Left in Csg Cement Amount Ordered Displace Meas Line **EQUIPMENT** No. Common Pumptrk No Poz. Mix Bulktrk No Gel. Bulktrk No Calcium Pickup **JOB SERVICES & REMARKS** Hulls Salt Rat Hole Flowseal Mouse Hole Kol-Seal Centralizers Mud CLR 48 Baskets D/V or Port Collar CFL-117 or CD110 CAF 38 Sand Handling Mileage 4 **FLOAT EQUIPMENT** Guide Shoe Centralizer Baskets **AFU Inserts** Float Shoe Latch Down Pumptrk Charge Mileage Tax Discount **Total Charge** Signature

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