

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.

7361


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
2-10-20	28	33S	11W	Barber	Ks.		
Lease FORESTEL	Well No. #1	Location MED LODGE, Ks S to 8 1/2 S to FERTILE BKTOP					
Contractor H.F.M WELL SERVICE LLC				Owner 2 E to SSIEN 1/4 SE to CATTLE GUARD			
Type Job PTA	To Quality Well Service, Inc. S.E. 1/4			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 OIL PRODUCERS INC OF Ks			
Csg. 4 1/2	Depth			Street			
Tbg. Size 2 3/8	Depth 4500'			City State			
Tool	Depth			The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg.	Shoe Joint			Cement Amount Ordered 175 x 60/40 4 1/2 GEL			
Meas Line	Displace						
EQUIPMENT							
Pumptrk 8 No.				Common 105 x			
Bulktrk 15 No.				Poz. Mix 70 x			
Bulktrk 7 No.				Gel. 602 #			
Pickup No.				Calcium 8			
JOB SERVICES & REMARKS							
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar Reefs 4512-32				CFL-117 or CD110 CAF 38			
1st Plug 4500' 25x 60/40 4 1/2 GEL w/ 150' hulls				Sand			
Pump 30 Bbl H ₂ O				Handling 181			
Mix Pump 25x 60/40 4 1/2 GEL w/ 150' Hulls				Mileage 35 / 4500			
Disp H ₂ O				FLOAT EQUIPMENT			
1st Plug 600' 350'				Guide Shoe			
2nd Plug 600' 50x 60/40 4 1/2 GEL 100' hulls				Centralizer			
Pump 20 Bbl Est circ				Baskets			
Mix Pump 50x 60/40 4 1/2 GEL w/ 100' Hulls				AFU Inserts			
Disp H ₂ O				Float Shoe			
3rd Plug 350' circ				Latch Down			
Mix Pump 35x circ out 4 1/2				SERVICE Spv 1 EA			
Mix Pump 50 51 circ out 8 5/8				LMV 35			
PTDOH				Pumptrk Charge PTA			
TOP OFF 4 1/2 15x				Mileage 70			
THANK YOU							
PLEASE CALL AGAIN TO MIKE JAKE							
X Signature						Tax	
						Discount	
						Total Charge	