

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.

QWS
C-2292 7372

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
2-27-20	17	33S	12W	Barber	Ks		
Lease <i>Alfred</i>	Well No. <i>1</i>		Location <i>MEO. LODGE KS S to Hardware Ct off</i>				
Contractor <i>Alliance Well Service INC.</i>				Owner <i>1W to Software Rd 1/4 N E into</i>			
Type Job <i>PTA</i>				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.			
Hole Size <i>7 7/8</i>	T.D.						
Csg. <i>5 1/2</i>	Depth <i>4330</i>			Charge To <i>Griffin</i>			
Tbg. Size <i>2 3/8</i>	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 <i>130 sc 60/40 4 1/2 FEL</i>			
EQUIPMENT				<i>109 FEL ON SIDE</i>			
Pumptrk <i>3</i>	No.			Common <i>73</i>			
Bulktrk <i>15</i>	No.			Poz. Mix <i>52</i>			
Bulktrk	No.			Gel. <i>1447'</i>			
Pickup	No.			Calcium			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
<i>1st Plug 600' 10 sc FEL 50 sc 60/40 4 1/2 FEL</i>				Sand			
<i>Pump H2O Break Circ</i>				Handling <i>144</i>			
<i>Mix Pump 10 sc FEL</i>				Mileage <i>20 / 3750</i>			
<i>Mix Pump 50 sc 60/40 4 1/2 FEL</i>				FLOAT EQUIPMENT			
<i>Disc H2O</i>				Guide Shoe			
<i>2nd Plug 350' 50 sc 60/40 4 1/2 FEL</i>				Centralizer			
<i>Mix Pump 50 sc 60/40 4 1/2 FEL</i>				Baskets			
<i>Disc H2O</i>				AFU Inserts			
<i>3rd Plug 60'</i>				Float Shoe			
<i>Mix Pump 30 sc 60/40 4 1/2 FEL</i>				Latch Down			
<i>circ amt to pit</i>				<i>SERVICE SUPV 1 EA</i>			
				<i>LMV 20'</i>			
				Pumptrk Charge <i>PTA</i>			
				Mileage <i>40</i>			
THANK YOU PLEASE CALL AGAIN TOMMY MIKE JAKE <i>[Signature]</i>				Tax			
				Discount			
				Total Charge			