

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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.

7389

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
3-20-20	24	28S	7W	Kingman	Ks		
Lease	MESSENGER	Well No.	T	Location	Kingman, Ks S to 40 th E to 50 th		
Contractor	JIMENEZ WELL SERVICE LLC			Owner	J. INTO		
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.		Charge To	MESSENGER Pet.		
Csg.	4 1/2	Depth		Street			
Tbg. Size	2 3/8	Depth		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	160 SA 80/20		
Meas Line		Displace		EQUIPMENT			
				13 SA Gel 24 CL on 5105			
Pumptrk	8	No.		Common	12B SA		
Bulktrk	12	No.		Poz. Mix	32 SA		
Bulktrk		No.		Gel.	1300 ^H		
Pickup		No.		Calcium	100 ^L		
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			
PT PLUG 1100' 10 SA GEL				Sand			
Misc Pump 10 SA GEL via DECIDE HOLE in CSB				Handling 173			
Roll CSB Down Tbg 1100'				Mileage 40 / 6920			
Pump 3 SA GEL				FLOAT EQUIPMENT			
Pump 40 SA 1 SA CL				Guide Shoe			
Disp OFF Log				Centralizer			
3-21-20 Tag 1000 960'				Baskets			
Tbg 2 665'				AFU Inserts			
Pump 35 SA 1 SA CL				Float Shoe			
Disp				Latch Down Add Hrs 3 HRS			
Tbg 2 785'				SERVICE Sp. 1 EA			
Pump 80 SA via to P.T				LMV 40			
PTOOH				Pumptrk Charge PTA			
TOP OFF 5 SA				Mileage 80			
THANK YOU PLEASE BILL AGAIN				Tax			
Signature				Discount			
				Total Charge			