

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.

7393

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	3-18-20	Sec.	11	Twp.	32	Range	23	County	Clark	State	KS	On Location		Finish	
Lease	Brouziden B	Well No.	5-11			Location Ashland 1 W 5.2 N E 1/4									
Contractor	Duke Rig 1				Owner Mull Drilling Co.										
Type Job	PTA				To Quality Well Service, Inc.										
Hole Size	7 7/8				T.D. 5600										
Csg.					Depth										
Tbg. Size					Depth										
Tool					Depth										
Cement Left in Csg.					Shoe Joint										
Meas Line					Displace										
EQUIPMENT										Charge To Mull Drilling					
Pumptrk	8	No.				1/4" PS									
Bulktrk	15	No.				Common 102 SK									
Bulktrk		No.				Poz. Mix 68 SK									
Pickup		No.				Gel. 585 lb									
JOB SERVICES & REMARKS										Calcium					
Rat Hole	30 SK				Hulls										
Mouse Hole	20 SK				Salt										
Centralizers					Flowseal 43 lb										
Baskets					Kol-Seal										
D/V or Port Collar					Mud CLR 48										
1st Plug 1125' 50 SK 60/40 4% gel 1/4" PS										CFL-117 or CD110 CAF 38					
H2O										Sand					
Mix + Pump 50 SK 60/40 4% gel 1/4" PS										Handling 176					
H2O										Mileage 130 GS					
2nd Plug 650' 50 SK 60/40 4% gel 1/4" PS										FLOAT EQUIPMENT					
H2O										Guide Shoe					
Mix + Pump 50 SK 60/40 4% gel 1/4" PS										Centralizer					
H2O										Baskets					
3rd 60' Cir 20 SK 60/40 4% gel 1/4" PS										AFU Inserts					
Hook up Rat + Mouse Mix + Pump										Float Shoe					
30 SK 60/40 4% gel 1/4" PS in Rat										Latch Down					
20 SK 60/40 4% gel 1/4" PS in Mouse										L.M.V. 65					
										Service sup. loc.					
										Pumptrk Charge PTA					
										Mileage 65 130					
										Tax					
										Discount					
X Signature <i>M. Stachey</i>										Total Charge					