

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.

7428

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		
6-10-20	4	30S	7W	KINGMAN	Ks				
Lease	EARLY		Well No.	24				Location	Road Kc Jct 42-14 1/4 N W 1/4 into
Contractor	CHAUNEE WELL SERVICE INC.			Owner	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.				
Type Job	PTA			Hole Size	7 7/8				
Hole Size	7 7/8			T.D.					
Csg.	5 1/2			Depth	Charge To R. B OIL & GAS INC.				
Tbg. Size	2			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 215 sl Common 3 1/2 CC				
EQUIPMENT				3 1/2 GEL ON SIDE					
Pumptrk	8	No.		Common	215				
Bulktrk	10	No.		Poz. Mix					
Bulktrk		No.		Gel.	900 #				
Pickup		No.		Calcium	606'				
JOB SERVICES & REMARKS				Hulls					
Rat Hole				Salt					
Mouse Hole				Flowseal					
Centralizers				Kol-Seal					
Baskets	CIR 3700' 3600'			Mud CLR 48					
D/V or Port Collar	PERF 1100' 600' 300'			CFL-117 or CD110 CAF 38					
Tbg	2 1103'			Sand					
Mix	Pump 8 1/2 GEL			Handling	227				
Mix	Pump 509 Common 3 1/2 CC			Mileage	45				
				FLOAT EQUIPMENT					
WOC DECIDE WHAT FULL MIXING TAG				Guide Shoe					
6-11-20				Centralizer					
Run in to tag cut no cut				Baskets					
The Pump it couldn't				AFU Inserts					
DECIDE MIX 204 Common 3 1/2 CC				Float Shoe					
Disp				Latch Down					
PERF 605'				Service Spool	1 EA				
Pump H ² o size Both sides				LMV	45				
Mix Pump 35 1/2 Common 3 1/2 CC				Pumptrk Charge	PTA				
Disp				Mileage	90				
PERF 300'									
Mix Pump 45 1/2 size 5 1/2 Mix Pump 55 1/2 size 8 1/2									
Signature					Tax				
					Discount				
					Total Charge				

Handwritten initials/signature in blue ink.

Handwritten notes and signature at the bottom right of the form.