KOLAR Document ID: 1524398

**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 #:				API No.	15		
Name:					escription:		
Address 1:					Sec Tw	vp S. R East West	
Address 2:					Feet from		
City:	State:	Zip: +	.		Feet from	East / West Line of Section	
Contact Person:				Footage	es Calculated from Neares	st Outside Section Corner:	
Phone: ( )					NE NW	SE SW	
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		,		Well #:	
ENHR Permit #:	Gas Sto	rage Permit #:					
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				oved on: (Date)	
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC <b>District</b> Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to Top: Bottom: T.D			Plugaing Completed:				
Depth to	Top: Botto	m:T.D	'	i iuggiiis	g completed.		
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water	Records		Casing Re	cord (Su	urface, Conductor & Produc	tion)	
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If	
Plugging Contractor License #	:		Name:				
Address 1:			Address 2:				
City:			;	State:		Zip:+	
Phone: ( )							
Name of Party Responsible fo	r Plugging Fees:						
State of	County, _			, SS.			
	•				Employee of Operator or	Operator on above described	
	(Print Name)			⊑	imployee of Operator or	Operator on above-described well,	

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.

## 7438

## QUALITY WELL SERVICE, INC.

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

Brady's Cell 620-727-6964 Rich's Cell 620-727-3409

	Total Charge			X Signature
	Discount			
	Tax			
	0	Mileage 9		
	arge PTR	Pumptrk Charge		
	Superiorse	SOLVICE		
	S	7m1 45		
		Latch Down		3200
		Float Shoe	15 sx Common	topped off with
	q	AFU Inserts		
		Baskets		@ 300" to surface
		Centralizer	ommon 36 ((	ad Pumped 955x C
		Guide Shoe		2 950°
	FLOAT EQUIPMENT		ommon 32 Cu	2nd Pumped 355x 1
		Mileage 45		1300
	2 W	(2) Handling	assed rement	32 cc '0 1450 7
		Sand	Sol Sosy como	15  Pumpa 85x (
	CFL-117 or CD110 CAF 38	CFL-117 or		D/V or Port Collar
		Mud CLR 48		Baskets
		Kol-Seal		Centralizers
		Flowseal		Mouse Hole
		Salt		Rat Hole
		Hulls	& REMARKS	JOB SERVICES &
	500 #	Calcium 5		Pickup No.
	#	Gel. 800		Bulktrk No.
		Poz. Mix 🗲		Bulktrk /O No.
	195	Common		Pumptrk 3 No.
	not on side	8546	MENT	EQUIPMENT
2) g	Cement Amount Ordered 195sy Common 3	Cement Amo	Displace	Meas Line
gent or contractor.	The above was done to satisfaction and supervision of owner agent or contractor.	The above wa	Shoe Joint	Cement Left in Csg.
	State	City	Depth	Tool
		Street	Depth	Tbg. Size
	ady 0:1+6as	Charge To	Depth	Csg. 5.5
work as listed.	cementer and helper to assist owner or contractor to do work as listed.	cementer an	T.D.	Hole Size
and furnish	ell Service, Inc.	To Quality W		Type Job PTK
		Owner	=	Contractor Shawnee we
		Location	Well No.	Lease Bertholf
	7.5	Harper	8	Date 6-4-20 18
Finish	State On Location	County	Twp. Range	Sec.