

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.

7449

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
7-17-20	13	35S	16W	COMANCHE	KI		
Lease	MAY		Well No.	1-13 SWC Location HEDTWEA, KC 22 W N 1/2			
Contractor	M+M WELL SERVICE			Owner			
Type Job	DTA			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 OIL PRODUCERS TRIC. OF KS.			
Csg.	4 1/2		Depth	CEBTD 4100'			
Tbg. Size	2 3/8		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 2505 Common 3 1/4			
EQUIPMENT				DIXIE 300' h/h			
Pumptrk	8 No.			Common 235			
Bulktrk	12 No.			Poz. Mix			
Bulktrk			No.	Gel			
Pickup			No.	Calcium 663			
JOB SERVICES & REMARKS				Hulls 15			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar	PEEF 300			CFL-117 or CD110 CAF 38			
1st Plug	960' 10 SCEL 50% Common			Sand			
	3 1/4 100' h/h			Handling 248			
	H 1/2 Bmp 12 1/2 Gel			Mileage 65 / 9300			
	M 1/2 Pump 50% Common 3 1/4 100' h/h			FLOAT EQUIPMENT			
	O 1/2			Guide Shoe			
	PTO 1/2 WOC TAB 2 500'			Centralizer			
	2" Plug 300			Baskets			
	M 1/2 Pump 50% Common 3 1/4			AFU Inserts			
	C 1/2 4 1/2 2 1/2 Close Valve			Float Shoe			
	M 1/2 Pump 80% Loss CIL SILENT DOWN			Latch Down			
	LET SET OVER WEELEND			SERVIZ SW 1 EA			
	7-20-20			LMV 50'			
	M 1/2 Pump 15% 1 1/2 4 1/2			Pumptrk Charge PTA			
	M 1/2 Pump 10% DOWN BACK TO 200'			Mileage 100			
THANK YOU PLEASE CALL AGAIN				Tax			
Signature				Discount			
Signature				Total Charge			