

**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.

7524

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
10-9-20	26	33	11	Barber	Ks		
Lease <i>Whitgomey</i>		Well No. <i>2-26</i>		Location			
Contractor <i>Quality Well Service</i>				Owner			
Type Job <i>PTA</i>				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				T.D.			
Csg. <i>45</i>				Depth			
Tbg. Size				Depth			
Tool				Depth			
Cement Left in Csg.				Shoe Joint			
Meas Line				Displace			
EQUIPMENT				Cement Amount Ordered <i>140 5x 60/40 4 1/2 6el</i>			
Pumptrk <i>8</i> No.				<i>105x 6el on side</i>			
Bulktrk <i>10</i> No.				Common <i>85</i>			
Bulktrk No.				Poz. Mix <i>55</i>			
Pickup No.				Gel. <i>1500</i>			
JOB SERVICES & REMARKS				Calcium <i>100</i>			
Rat Hole				Hulls			
Mouse Hole				Salt			
Centralizers				Flowseal			
Baskets				Kol-Seal			
D/V or Port Collar				Mud CLR 48			
<i>1st Pumped 105x gel 50x 60/40</i>				CFL-117 or CD110 CAF 38			
<i>4 1/2 6el @ 600'</i>				Sand			
				Handling <i>157</i>			
				Mileage <i>45</i>			
<i>2nd Pumped 50x 60/40 4 1/2 6el @ 260'</i>				FLOAT EQUIPMENT			
				Guide Shoe			
				Centralizer			
<i>3rd Pumped 40x 60/40 4 1/2 6el @ 40' to surface</i>				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				<i>LMV</i>			
				<i>Service supervisor</i>			
				Pumptrk Charge <i>PTA</i>			
				Mileage <i>90</i>			
				Tax			
				Discount			
<input checked="" type="checkbox"/> Signature				Total Charge			