

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.

7535

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

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

Office 620-727-3410
Fax 620-672-3663

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-5-20	2	29S	13W	PRATT	KI		
Lease	SWISHER Unit		Well No. # 1	Location PRATT, KI S to 70" S 1 E 1/4 S E 20			
Contractor	FOSSIL Drilling			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			Charge To VESS O.L. Corp			
Hole Size	7 7/8			T.D.			
Csg.	5/2			Depth			
Tbg. Size				Depth			
Tool				Depth			
Cement Left in Csg.				Shoe Joint			
Meas Line				Displace			
EQUIPMENT				Cement Amount Ordered 125 50 60/40 4 1/2 GEL			
Pumptrk	3	No.		100 GEL 2 1/2 GEL			
Bulktrk	12	No.		Common 75			
Bulktrk		No.		Poz. Mix 50			
Pickup		No.		Gel. 1430			
				Calcium 100			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar CBP 4570' CT OFF 2210'				CFL-117 or CD110 CAF 38			
1st Plug 1240' 50 60/40 4 1/2 GEL				Sand			
MIC: Bmp 10 1/2 GEL				Handling 135			
MIC: Bmp 50 60/40 4 1/2 GEL				Mileage 10/3750			
DISP				FLOAT EQUIPMENT			
2nd Plug 600' 40 60/40 4 1/2 GEL				Guide Shoe			
MIC: Bmp 40 60/40 4 1/2 GEL				Centralizer			
DISP				Baskets			
3rd Plug 40'				AFU Inserts			
MIC: Pump 35 60/40 4 1/2 GEL				Float Shoe			
CCL CMT TO PRT				Latch Down			
				SERVICE SUPV 1 EA			
				LW 10			
THANK YOU				Pumptrk Charge PTA			
PLEASE CALL AGAIN				Mileage 20			
TODD MIKE MATT							
Signature				Tax			
				Discount			
				Total Charge			