

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.

7510

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	9-25-20	Sec.	16	Twp.	34	Range	11	County	Barber	State	KS	On Location		Finish				
Lease	Landis		Well No.	1		Location												
Contractor	Quality Well Service							Owner										
Type Job	PTA							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.	4.5		Depth		Charge To													
Tbg. Size								Woolsey										
Tool								Street										
Cement Left in Csg.								City										
Meas Line								State										
Shoe Joint							The above was done to satisfaction and supervision of owner agent or contractor.											
Displace							Cement Amount Ordered 180 sy 60/40 4% 6.1											
EQUIPMENT													10sx 6el on side					
Pumptrk	3	No.											Common 110					
Bulktrk	10	No.											Poz. Mix 76					
Bulktrk		No.											Gel. 1400					
Pickup		No.											Calcium 100					
JOB SERVICES & REMARKS													Hulls					
Rat Hole													Salt					
Mouse Hole													Flowseal					
Centralizers													Kol-Seal					
Baskets													Mud CLR 48					
D/V or Port Collar													CFL-117 or CD110 CAF 38					
15' Pumped 10sx 6el 50sx 60/40													Sand					
4% 6el @ 600													Handling 198					
200 Pumped 75sx 60/40 4% 6el													Mileage 45					
@ 330													FLOAT EQUIPMENT					
													Guide Shoe					
													Centralizer					
300 Pumped 55sx 60/40 4% 6el													Baskets					
@ 40' to surface													AFU Inserts					
													Float Shoe					
													Latch Down					
													LMU 45					
													Service Supervisor					
													Pumptrk Charge PTA					
													Mileage 90					
													Tax					
													Discount					
X Signature													Total Charge					