

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.

7538

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	11-10-23	Sec.	7	Twp.	30S	Range	11W	County	Barber	State	Ks	On Location		Finish		
Lease	Dick Trust	Well No.	1-7	Location W side Label Ks 1 1/2 S 1/2 W Sinto												
Contractor	QWS							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	7 7/8			T.D.												
Csg.	5 1/2			Depth				Charge To				Grand MESA OPERATING Co				
Tbg. Size	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				150 1/2 60/40 4 1/2 GEL							
EQUIPMENT								10 x GEL 24 CC USED 145 x S								
Pumptrk	3	No.						Common				87 1/2				
Bulktrk	15	No.						Poz. Mix				53 1/2				
Bulktrk		No.						Gel.				499 1/2				
Pickup		No.						Calcium				100 1/2				
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								
1st Plug 700 12 1/4 GEL 57 1/2 60/40 4 1/2 GEL								Sand								
Mix: Pump 10 x GEL								Handling 150								
Mix: Pump 50 x 60/40 4 1/2 GEL w/ 1 1/2 cc								Mileage 25 / 3750								
2nd Plug 270 57 1/2 60/40 4 1/2 GEL								FLOAT EQUIPMENT								
Mix: Pump 50 x 60/40 4 1/2 GEL w/ 1 1/2 cc								Guide Shoe								
3rd Plug 40								Centralizer								
Mix: Pump 45 x 60/40 4 1/2 GEL								Baskets								
Cik CAT TO PIT								AFU Inserts								
								Float Shoe								
								Latch Down								
								SERVICE SUP 1 EA								
								LMV 25								
THANK YOU								Pumptrk Charge PTA								
PLEASE CALL AGAIN								Mileage 50								
TODD MIKE MART																
								Tax								
								Discount								
								Total Charge								
X Signature																