

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.

7564

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	12-16-20	Sec.	17	Twp.	31S	Range	8W	County	HARPER	State	Ks	On Location		Finish	
Lease	WARREN		Well No.	41		Location									
Contractor										Owner					
Type Job	PTA		T.D.			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		Depth			Charge To									
Csg.	4 1/2		Depth			Woolsey OPERATING Co. LLC									
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									
EQUIPMENT						45000 on site									
Pumptrk	8	No.				Common									
Bulktrk	10	No.				20									
Bulktrk		No.				Poz. Mix									
Pickup		No.				Gel.									
JOB SERVICES & REMARKS						Calcium									
						200									
Rat Hole						Hulls									
Mouse Hole						Salt									
Centralizers						Flowseal									
Baskets						Kol-Seal									
D/V or Port Collar						Mud CLR 48									
1st Plug d 1400'						CFL-117 or CD110 CAF 38									
Pump H2O Est circ						Sand									
mic Pump 50s Common 3/11						Handling									
Disp						214									
Tub d 1155'						Mileage									
Tub d 950'						40									
Pump H2O Est circ						FLOAT EQUIPMENT									
Mik Pump 35s Common 3/11						Guide Shoe									
Disp						Centralizer									
Tub d 300'						Baskets									
Mix Pump 125s Common						AFU Inserts									
Circ cut to PIT						Float Shoe									
						Latch Down									
						SERVICE Spr 1 EA									
						LMV 40									
						Pumptrk Charge									
						PTA									
						Mileage									
						80									
												Tax			
												Discount			
X Signature												Total Charge			