

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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.

7571

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	12-10-20	Sec.	31	Twp.	32	Range	8	County	Harper	State	Ks	On Location	Finish		
Lease	Kinnard		Well No.	2		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.	5.5							Depth							
Tbg. Size								Depth							
Tool								Depth							
Cement Left in Csg.								Shoe Joint							
Meas Line								Displace							
EQUIPMENT												Charge To		Woolsey	
Pumptrk	8	No.						Common						275	
Bulktrk	7	No.						Poz. Mix							
Bulktrk		No.						Gel.							
Pickup		No.						Calcium						300	
JOB SERVICES & REMARKS												City		State	
Rat Hole													Hulls		
Mouse Hole													Salt		
Centralizers													Flowseal		
Baskets													Kol-Seal		
D/V or Port Collar													Mud CLR 48		
1st. Ran tubing to 1400' pumped												CFL-117 or CD110 CAF 38			
2.5sx Common 3% cc												Sand			
												Handling		281	
												Mileage		50	
2nd Tubing @ 800' pumped												FLOAT EQUIPMENT			
2.5sx Common 3% cc.												Guide Shoe			
												Centralizer			
3rd. Tubing @ 400' pumped 5.5												Baskets			
sx Common 3% cc circulated out												AFU Inserts			
5.5csg.												Float Shoe			
												Latch Down			
4th Hooked up to 5.5csg pumped												LMV 50			
1.5 sx Common didnt have circulation												Service Supervisor			
out 8 5/8 shut down.												Pumptrk Charge		PTA.	
												Mileage		100	
5th. Ran 1" tubing to 65' down 8 5/8.												Tax			
pumped 3.5sx Common to surface.												Discount			
Signature												Total Charge			