

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.

(Print Name) Employee of Operator or Operator on above-described well,

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.

7567

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	1-6-21	Sec.	36	Twp.	32S	Range	10W	County	Barber	State	Ks	On Location		Finish		
Lease	Harbaugh		Well No.	1		Location										HACER - BARBER CO line NW 1/4 160
Contractor								Owner	2 1/2 S Wicks							
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.	4 1/2		Depth	Charge To												
Tbg. Size	2 3/3		Depth	OIL PRODUCERS INC OF KS												
Tool			Depth	Street												
Cement Left in Csg.			Shoe Joint	City												
Meas Line			Displace	State												
				The above was done to satisfaction and supervision of owner agent or contractor.												
				Cement Amount Ordered												
				135 + 60/40 4 1/2 FEL												
EQUIPMENT																
Pumptrk	3	No.		3 x FEL 5 x CL on site												
Bulktrk	10	No.		Common 91 x												
Bulktrk		No.		Poz. Mix 54 x												
Pickup		No.		Gel. 465 + 800 = 1265'												
				Calcium 250'												
JOB SERVICES & REMARKS																
Rat Hole	Hulls															
Mouse Hole	Salt															
Centralizers	Flowseal															
Baskets	Kol-Seal															
D/V or Port Collar	Mud CLR 48															
PT Plug	CIBP 3630' - 3600'															
Mix Pump	Cut OFF 1000'															
Mix Pump	CFL-117 or CD110 CAF 38															
2nd Plug	660' - 8 x FEL 50 x 60/40 4 1/2 FEL															
Mix Pump	Sand															
Mix Pump	Handling 140															
Dis	Mileage 45 / 4250															
FLOAT EQUIPMENT																
2nd Plug	320' 50 x 60/40 4 1/2 FEL															
Mix Pump	Guide Shoe															
Dis	Centralizer															
3rd Plug	62'															
Mix Pump	Baskets															
Dis	AFU Inserts															
Mix Pump	Float Shoe															
Dis	Latch Down															
SERVICE Spj 1 EA																
LMV 45																
Pumptrk Charge PTA																
Mileage 90																
Tax																
Discount																
Total Charge																
Signature 																