

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.

7660

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	4-22-21	Sec.	11	Twp.	28	Range	21	County	Ford	State	KS	On Location	Finish
Lease	Austin A		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.						Charge To						
Csg.	4.5						Woolsey						
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 130 sv 60/40 4 1/2 gal						
EQUIPMENT													
Pumptrk	3	No.						Common	80				
Bulktrk	12	No.						Poz. Mix	50				
Bulktrk		No.						Gel.	1500				
Pickup		No.						Calcium	100				
JOB SERVICES & REMARKS													
Rat Hole							Hulls						
Mouse Hole							Salt						
Centralizers							Flowseal						
Baskets							Kol-Seal						
D/V or Port Collar							Mud CLR 48						
1st Pumped 10sv 60/40 50sv 60/40						CFL-117 or CD110 CAF 38							
4 1/2 gal @ 1400						Sand							
						Handling 147							
						Mileage 50							
FLOAT EQUIPMENT													
2nd Pumped 50sv 60/40 4 1/2 gal						Guide Shoe							
@ 670						Centralizer							
						Baskets							
3rd Pumped 30sv 60/40 4 1/2 gal						APU Inserts							
@ 40' to surface.						Float Shoe							
						Latch Down							
						LMV 50							
						Service Supervisor							
						Pumptrk Charge PTA							
						Mileage 100							
Tax													
Discount													
Total Charge													
Signature													