

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.

7650

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	Sec.	Twp.	Range	County	State	On Location	Finish
4-23-21	24	34S	39W	STEVENS	KI		
Lease Smith	Well No. 1-24	Location HUGOTON, KI. W to 25 HWY S to DED					
Contractor BEARCAT WELL SERVICE	Owner 1 W 2 N 1/4 N. into			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.			
Type Job PTA	Hole Size 7 7/8		T.D.	Charge To OIL PRODUCERS INC OF KI			
Csg. 5 1/2	Depth 2940'		Street				
Tbg. Size 2 3/8	Depth		City State				
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 350 x 60/40 4 1/2 GEL				
EQUIPMENT				200' hulls USED K55K			
Pumptrk 3 No.			Common 87 x				
Bulktrk 12 No.			Poz. Mix 53 x				
Bulktrk No.			Gel. 499 *				
Pickup No.			Calcium				
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets CIBP SET @ 2940'				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
Run to Job to 2940'				Sand			
Mix Pump 150 x 60/40 4 1/2 GEL				Handling 150			
Disp H2O				Mileage 45 / 17000			
Pull tbg to 1750'				FLOAT EQUIPMENT			
600' Psi test 52.5 Bbl. 300' HELD				Guide Shoe			
Mix Pump 20 x 60/40 4 1/2 GEL				Centralizer			
Disp H2O				Baskets			
Pull tbg to 650'				AFU Inserts			
Mix Pump 70 x 60/40 4 1/2 GEL				Float Shoe			
circ cut to PIT				Latch Down			
PTOOP				LNU 45			
TOP OFF 15 x 60/40 4 1/2 GEL				SERVICE SUP 1 EA			
✓ Back side				Pumptrk Charge PTA			
Mix Pump 30 x 60/40 4 1/2 GEL				Mileage 90			
Thank you				Tax			
PLEASE CALL AGAIN							
Signature				Discount			
				Total Charge			