

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.

7656

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
5-4-21	20	29S	19W	kiowa	Ks		
Lease EDMONSTON	Well No. B#1	Location GREENBURG 54 th 103 rd Jct S to Q Rd					
Contractor M: M WELL SERVICES				Owner A W 1/4 S W 1/4			
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.	Charge To OIL PRODUCERS INC OIL Ks					
Csg.	Depth	Street					
Tbg. Size 2 3/8	Depth 1350'	City State					
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor					
Cement Left in Csg.	Shoe Joint	Cement Amount Ordered 200 ^g 60/40 4% GEL					
Meas Line	Displace	D ₂ GEL 2 ^g CL ON SIDE USED 170 ^g					
EQUIPMENT							
Pumptrk 3 No.		Common 102 ^g					
Bulktrk 5 No.		Poz. Mix 68 ^g					
Bulktrk No.		Gel. 1505 ^g					
Pickup No.		Calcium 100'					
JOB SERVICES & REMARKS				Hulls			
Rat Hole	Salt						
Mouse Hole	Flowseal						
Centralizers	Kol-Seal						
Baskets	Mud CLR 48						
D/V or Port Collar CIBD 5050' AT OFF 1350'	CFL-117 or CD110 CAF 38						
1 st Plug @ 1300'	Sand 100						
D ₂ GEL	Handling 100						
50 ^g 60/40 4% GEL	Mileage 35/6500						
Disp H ₂ O	FLOAT EQUIPMENT						
2 nd Plug @ 650'	Guide Shoe						
50 ^g 60/40 4% GEL	Centralizer						
Disp H ₂ O	Baskets						
3 rd Plug @ 300'	AFU Inserts						
40 ^g 60/40 4% GEL	Float Shoe						
Disp H ₂ O	Latch Down						
4 th Plug @ 60'	SERVICE Sepi 1 EA						
30 ^g 60/40 4% GEL	LMI 35						
2 ^g CMT 10 PIF	Pumptrk Charge PTA						
	Mileage 70						
Thank you PLEASE CALL AGAIN FOR MILE RATE						Tax	
						Discount	
						Total Charge	
X Signature							