

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.

7669

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	5-26-21	Sec.	23	Twp.	33S	Range	6W	County	Harold	State	Ks	On Location		Finish		
Lease	CARTHEN			Well No.	A-1			Location Anthony, Ks S E N 1/4								
Contractor	MOHEGAN 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	7 1/8			T.D.												
Csg.				Depth	Charge To OIL PRODUCER TAX OF Ks											
Tbg. Size	2 1/8			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 Common FTS											
EQUIPMENT								49 CC on site 54 GEL								
Pumptrk	9	No.		Common FTS												
Bulktrk	15	No.		Poz. Mix												
Bulktrk		No.		Gel. 500'												
Pickup		No.		Calcium												
JOB SERVICES & REMARKS								Hulls								
Rat Hole								Salt								
Mouse Hole								Flowseal								
Centralizers	COMMON 4215							Kol-Seal								
Baskets	C/O OFF 1230							Mud CLR 48								
D/V or Port Collar								CFL-117 or CD110 CAF 38								
1st Plug	1200							Sand								
54 GEL								Handling 130								
50% Common 3 1/2 CC								Mileage 50 / 6500								
Disp								FLOAT EQUIPMENT								
2nd Plug	700							Guide Shoe								
35% Common								Centralizer								
Disp								Baskets								
3rd Plug	279							AFU Inserts								
70% Common								Float Shoe								
Cut cut to pt								Latch Down								
								LAW 50								
								Service Sup 1 EA								
								Pumptrk Charge PTA								
								Mileage 100								
								Tax								
								Discount								
								Total Charge								
Thank you Please Call Again TOO Mike [Signature]																
X	Signature															