

**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.

7648

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.	19	Twp.	33S	Range	10W	County	Barber	State	Ks	On Location		Finish	
Lease	SP, CEL			Well No.	V 1-19		Location MEOLodge, Ks. S to GEL/WE BKTOP								
Contractor	VAL ENERGY CD-TOOLS						Owner E to LOWSTAR Rd 2 1/2 W N into								
Type Job	PTA						To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.								
Hole Size	7 7/8			T.D.											
Csg.	5 1/2 14"			Depth						Charge To VAL ENERGY					
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 155 x 60/40 4 1/2 GEL								
<b>EQUIPMENT</b>												10 x GEL 2 sec CL on side used 145 x			
Pumptrk	8	No.								Common 87					
Bulktrk	7	No.								Poz. Mix 50					
Bulktrk		No.								Gel. 1499 1/2					
Pickup		No.								Calcium 50 1/2					
<b>JOB SERVICES &amp; REMARKS</b>												Hulls			
Rat Hole												Salt			
Mouse Hole												Flowseal			
Centralizers CIBP D 4570'												Kol-Seal			
Baskets C1 OFF 3530'												Mud CLR 48			
D/V or Port Collar												CFL-117 or CD110 CAF 38			
1st Plug 620'												Sand			
10 x GEL												Handling 160			
50 x 60/40 4 1/2 GEL w/ 1 x CL												Mileage 35/5600			
Disp H2O												<b>FLOAT EQUIPMENT</b>			
2nd Plug 320'												Guide Shoe			
50 x 60/40 4 1/2 GEL												Centralizer			
Disp H2O												Baskets			
3rd Plug 40'												AFU Inserts			
35 x 60/40 4 1/2 GEL												Float Shoe			
Circ to P.L.												Latch Down			
P11 #1												SERVICE Supv 1 EA			
TOP OFF PSC 60/40 4 1/2 GEL												LMV 35			
												Pumptrk Charge PTA			
												Mileage 35			
X Signature <i>Dean Hand</i>												Tax			
												Discount			
												Total Charge			