KOLAR Document ID: 1588919

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 #: | I API No. | 15 - | | | | | |
|--|-------------------------------|--|--|--|--|--|--|
| Name: | | Spot Description: | | | | | |
| Address 1: | ' | • | Twp S. R East West | | | | |
| Address 2: | | Feet from | | | | | |
| City: | + | Feet from East / West Line of Section | | | | | |
| Contact Person: | Footage | Footages Calculated from Nearest Outside Section Corner: | | | | | |
| Phone: () | | □ NE □ NW | SE SW | | | | |
| Type of Well: (Check one) Oil Well Gas Well OG D&A Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: s ACO-1 filed? Yes No If not, is well log attached? Yeroducing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. | Lease N Date We The plug by: | County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: | | | | | |
| Depth to Top: Bottom: T.D. | | | | | | | |
| Depth to Top: Bottom:T.D. | | g Completed | | | | | |
| | | | | | | | |
| Show depth and thickness of all water, oil and gas formations. | | | | | | | |
| Oil, Gas or Water Records | Casing Record (Su | sing 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 to be the character of same depth placed from the | · | | ods used in introducing it into the hole. If | | | | |
| Plugging Contractor License #: | Name: | e: | | | | | |
| Address 1: | Address 2: | ss 2: | | | | | |
| City: | State: | | | | | | |
| Phone: () | | | | | | | |
| Name of Party Responsible for Plugging Fees: | | | | | | | |
| | | | | | | | |
| State of County, | | | | | | | |

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.

7753

QUALITY WELL SERVICE, INC. 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

| Sec. 34 | Twp. | Range | 12 | County | State | On Location | Finish | | | |
|---------------------------------|--------------|-------------|-------------------------|--|-------------------|--------------|----------------|--|--|--|
| Lease Ngutsh W | /ell No. | -24 | Location | on 10 (1) | K 3 | | | | | |
| Contractor Quality Well Service | | | Owner | | | | | | | |
| Type Job PTA | 74. 194.h | 1 | | To Quality We | ell Service, Inc. | | | | | |
| Hole Size | | | | You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. | | | | | | |
| Csg. 5.5 | Depth | | | Charge Hoffman Resources | | | | | | |
| 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 315 sx 60/40 49 6-1 | | | | | | |
| EQUIPM | TENT | | | | | | | | | |
| Pumptrk No. | | | | Common 190 | | | | | | |
| Bulktrk No. | | | | Poz. Mix 125 | | | | | | |
| Bulktrk No. | | | | Gel. 1100 | | | | | | |
| Pickup No. | Pickup No. | | | Calcium | | | | | | |
| JOB SERVICES | & REMARKS | | | Hulls 300# | | | | | | |
| Rat Hole | Lancing Supp | distance of | | Salt | | | | | | |
| Mouse Hole | | | | Flowseal | | | | | | |
| Centralizers | | | | Kol-Seal | | | | | | |
| Baskets | | | Mud CLR 48 | | | | | | | |
| D/V or Port Collar | | | CFL-117 or CD110 CAF 38 | | | | | | | |
| 151 Pumped 1255x 60140 48 601 | | | Sand | | | | | | | |
| 200# hulls 2 1450' | | | Handling 332 | | | | | | | |
| | | | Mileage 55 | | | | | | | |
| 2nd Amped 50sx 60/40 4% 60/ | | | FLOAT EQUIPMENT | | | | | | | |
| 100 # hulls | | | | Guide Shoe | | | | | | |
| | | | Centralizer | | | | | | | |
| SO POMPO 1408x 60 140 496 | | | Baskets | | | | | | | |
| Gel @ '400' to surface | | | AFU Inserts | | | | | | | |
| | | | Float Shoe | | | | | | | |
| | | | | Latch Down | | | | | | |
| | | | | LMV 55 | | | | | | |
| | | | | Service supervisor | | | | | | |
| | | | | Pumptrk Charge | | | | | | |
| | | | | Mileage | 16 | Terr | | | | |
| | | | | Tax | | | | | | |
| X | | | | | | Discount | A. C. S. S. S. | | | |
| X Signature | | | | | - F0153 | Total Charge | | | | |

Quality Wireline Services, LLC

Service Order No. 0871

30060 N. Hwy 281 • P.O. Box 468 • Pratt, Kansas 67124 • 580-231-9329 or 620-727-6964 • Fax 620-672-3663

| | | | | | | | | Dale_ | 0 4 | Mark E |
|-------------------------|------------------------------------|----------|------------|----------------|-----|----------|---------------------------------|------------------------|-----------|-----------|
| Company | Ffman Roson | ces | | | | | | Client | Order # | |
| Billing Address City | | | State | | | State | Zip | | | |
| Lease & Well # | | | Field Name | | | | Legal Description (coordinates) | | | |
| County | | | | Casing Size | | | | Casing Weight | | |
| Fluid Level (su | Fluid Level (surface) Reading From | | | Customer T.D. | | | | Quality Wire Line T.D. | | |
| Engineer | Operator Operator | | | Operator | | | | Unit# | | |
| Product Code | e Description | | | Qty Unit Price | | | Depth | | \$ Amount | |
| | | | | | a., | Onit The | From | | То | \$ Amount |
| | 5.5 CIBF | | | | | 1550 | 0 | | 3120 | 1550- |
| | | <u> </u> | | | | | | | | |
| | 25x coment | Domp bo | ylor | | 1 | 750 | 0 | | 3120 | 750- |
| | | | | | | | | | | |
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| | V. | | | | | | | | | |
| | Service ch | wae | | | 1 | 1500 | - | | | 1500- |
| | | | | | | | SUBTO | TAL | 38 | 00 - |
| | | | | | | | DISCO | UNT | 19 | 50- |
| | | | | | | | SUBTO | TAL | 18 | 50 - |
| Customer | | | | | | | | TAX | 13 | 38.75 |
| Taylor Printing, Inc 62 | 20-672-3656 | | | | | | NET TO | TAL | 19 | 0875 |