

**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.

7765

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

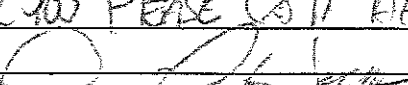
Mailing Address P.O. Box 468

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
9-16-21	35	16S	29W	LANE	KI		
Lease	GILL		Well No.	#1#2 Location DIGBY, KI N on 23 HWY to 23 1/4 MI			
Contractor	RED ROCK ENERGY SERVICES			Owner I H' LW Sinto			
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.			
Csg.	5 1/2			Depth			
Tbg. Size	2 3/8			Depth			
Tool				City State			
Cement Left in Csg.				Shoe Joint			
Meas Line				Displace			
<b>EQUIPMENT</b>				The above was done to satisfaction and supervision of owner agent or contractor.			
Pumptrk	8 No.			Cement Amount Ordered 400# 80/20			
Bulktrk	12 No.			600# hulls on side USED 220\$			
Bulktrk				Common 176\$			
Pickup				Poz. Mix 44\$			
<b>JOB SERVICES &amp; REMARKS</b>				Gel. 779\$			
				Calcium			
Rat Hole				Hulls			
Mouse Hole				Salt			
Centralizers				Flowseal			
Baskets	CTOPD 3960 CIBD 1200			Kol-Seal			
D/V or Port Collar	PEAF 250 4SPF			Mud CLR 48			
Tbg	3960'			CFL-117 or CD110 CAF 38			
M/K Pump	10\$			Sand			
DISD				Handling 220			
Tbg	2220'			Mileage 60,000			
M/K Pump	30\$			<b>FLOAT EQUIPMENT</b>			
DISD				Guide Shoe			
PTOCH SET CIBD 1200				Centralizer			
TEST CSG 8 1/2 Bbls 200' HELD				Baskets			
Tbg 1200'				AFU Inserts			
M/K Pump 130\$ circ out 5 1/2				Float Shoe			
CLOSE VALVE				Latch Down			
M/K Pump 50\$ circ out 8 5/8				SERVICE SUPV 1 EA			
PTOCH				Pumptrk Charge PTA			
TOP OFF 5 1/2 30\$				Mileage 120			
THANK YOU PLEASE CALL AGAIN TOMORROW							Tax
Signature 							Discount
							Total Charge