

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.

QUALITY WELL SERVICE, INC.

7836

Federal Tax I.D. # 481187368
 Home Office 30060 N. Hwy 281, Pratt, KS 67124
 Mailing Address P.O. Box 468

Rich's Cell 620-727-3409
 Brady's Cell 620-727-6964

Date 12-2-21	Sec. 19	Twp. 27S	Range 4W	County Sedgewick	State KS	On Location	Finish
Lease Fidelity	Well No. 2		Location CHENEY LAKE Exit Hwy 54 1/2 N to				
Contractor STEVE'S WELL SERVICE			Owner CENTRAL ST 1/4 W S.E. 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 VESS OIL COOP				
Csg. 5 1/2 14'	Depth		Street				
Tbg. Size 2 3/8	Depth		City				
Tool	Depth		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 350 x Common				

EQUIPMENT

Pumptrk 8 No.		USED 275 x
Bulktrk 7 No.		Common 275 sl
Bulktrk No.		Poz. Mix
Pickup No.		Gel.
		Calcium 776'

JOB SERVICES & REMARKS

Rat Hole	Hulls
Mouse Hole	Salt
Centralizers	Flowseal 63'
Baskets CIBP 3700'	Kol-Seal
D/V or Port Collar PEEL 800-350'	Mud CLR 48
1st Plug 905'	CFL-117 or CD110 CAF 38
Pump H2O Est @ 20	Sand
50% Common 3 1/2 CC 1/2" PS	Handling 291
Disp	Mileage 50 / 14550

FLOAT EQUIPMENT

PTOOTH WOC DONT TAG 2	Guide Shoe
Tbg 2 905	Centralizer
Pump 50% Common 3 1/2 CC 1/2" PS	Baskets
Disp WOC TAG 2 738	AFU Inserts
Tbg 2 730	Float Shoe
Pump 25% Common 3 1/2 CC 1/2" PS	Latch Down
Disp LET SET OVERNIGHT	SERVICE Sep 2 EA
OFF LOC	LW 50
12-3-21	Pumptrk Charge PTA / PTA 2nd Well same day
on Loc	Mileage 100

TAG CNT 2 363	Tax
PEEL 350'	Discount
NEXT PAID	Total Charge

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

Date	12-3-21	Sec.	19	Twp.	27S	Range	4W	County	Sedgwick	State	Ks	On Location		Finish	
Lease	FEDERLITY	Well No.	#2		Location										
Contractor	STEVE'S WELL SERVICE					Owner									
Type Job	PTA					To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and turn cementer and helper to assist owner or contractor to do work as									
Hole Size	7 7/8		T.D.			Charge To									
Csg.	5 1/2		Depth			VESH OIL COOP									
Tbg. Size	2 3/8		Depth			Street									
Tool			Depth			City									
Cement Left in Csg.			Shoe Joint			State									
Meas Line			Displace			The above was done to satisfaction and supervision of owner agent o									
						Cement Amount Ordered									

Hook up to Htg 2 340
 Pump 60 cc Common 3/4 CC
 cid out 5/2 close valve
 Pump 80 cc Common 3/4 CC
 cid out 8 5/8
 PTOH
 TOP OFF 5/2 10 cc Common 3/4 CC

12-2-21 125 cc Common 3/4 CC 1/2" PS
 12-3-21 150 cc Common 3/4 CC
 275 cc TOTAL