

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

Petro #1
Pawnee Co.

11/9/21:

Drove to location, rigged up, dug cellar and pit, unpacked casing head, set floor, drove home.

11/10/21:

Drove to location, pulled slips, cut casing at 2200', came free, pulled casing up to 1000', pumped 8 sacks gel, 50 sacks cement, pulled casing up to 320', pumped 50 sacks cement, ulled casing up to 40', pumped 45 sacks cement to surface, topped off well with 10 sacks cement, back filled cellar and pit.

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!

QUALITY WELL SERVICE, INC.

7820

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	11-10-21	Sec.	29	Twp.	23	Range	15	County	Pawnee	State	KS	On Location	Finish
Lease	Petro	Well No.	1	Location									
Contractor	Quality 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	T.D.							Charge To					
Csg.	5.5							Bob's Hauling Service					
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 sy 60/40 4% 6e1					
EQUIPMENT												8 sy 6e1 on side	
Pumptrk	8	No.						Common		95			
Bulktrk	15	No.						Poz. Mix		60			
Bulktrk		No.						Gel.		1300			
Pickup		No.						Calcium					
JOB SERVICES & REMARKS												Hulls	
Rat Hole												Salt	
Mouse Hole												Flowseal	
Centralizers												Kol-Seal	
Baskets												Mud CLR 48	
D/V or Port Collar												CFL-117 or CD110 CAF 38	
1st Pumped 8 sy 6e1 50 sy 60/40												Sand	
4% 6e1 @ 1000'												Handling 168	
												Mileage 35	
2nd Pumped 50 sy 60/40 4% 6e1												FLOAT EQUIPMENT	
@ 320'												Guide Shoe	
												Centralizer	
3rd Pumped 45 sy 60/40 4% 6e1												Baskets	
@ 40' to surface												AFU Inserts	
												Float Shoe	
4th Topped well off with 10 sy												Latch Down	
60/40 4% 6e1												LMV 35	
												Service supervisor	
												Pumptrk Charge PTA	
												Mileage 70	
												Tax	
												Discount	
												Total Charge	
X Signature													