

**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.

7858

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			
1-12-22	6	22S	13W	STAFFORD	Ks					
Lease	BRIER		Well No.	1-6				Location	721-K-19-Sub W to 30 <sup>th</sup> Rd	
Contractor	MOHEGAN WELL SERVICE			Owner	W. N. F. info					
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	Charge To	O.L. PRODUCERS INC. OF Ks.					
Tbg. Size	2 3/4		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 375 x 6040 4 1/2 GEL						
<b>EQUIPMENT</b>				USED 230'S						
Pumptrk	8	No.		Common	138					
Bulktrk	10	No.		Poz. Mix	92					
Bulktrk		No.		Gel.	791					
Pickup		No.		Calcium						
<b>JOB SERVICES &amp; REMARKS</b>				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						
Hook up to tbc				Sand						
Pump 3 Blk. H27 Est. Circ.				Handling 230						
W/C: Pump 195 x circ out 3 5/8				Mileage 35 / 8330						
Close Valve				<b>FLOAT EQUIPMENT</b>						
Mud Pump 20 x 900 out 5 1/2				Guide Shoe						
PTOOP #1				Centralizer						
TOP OFF 1550				Baskets						
230's total				AFU Inserts						
				Float Shoe						
				Latch Down						
				SERVICE SUP 1 EA						
				INV 35						
THANK YOU				Pumptrk Charge PTA						
PLEASE CALL AGAIN				Mileage 70						
TODD MIKE RICHARD DR				Tax						
				Discount						
				Total Charge						