

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.

7994

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	5-14-22	Sec.	1	Twp.	30	Range	8	County	Kingman	State	Ks	On Location		Finish	
Lease	Guyon-Ronder			Well No.	A-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.							
Csg.	55							Depth							
Tbg. Size								Depth							
Tool								Depth							
Cement Left in Csg.								Shoe Joint							
Meas Line								Displace							
								Charge To							
								Sokan Operating							
								Street							
								City							
								State							
								The above was done to satisfaction and supervision of owner agent or contractor.							
								Cement Amount Ordered							
								245x Common							
EQUIPMENT															
Pumptrk	No.											Common	245		
Bulktrk	No.											Poz. Mix			
Bulktrk	No.											Gel.			
Pickup	No.											Calcium	150#		
JOB SERVICES & REMARKS															
Rat Hole											Hulls	50#			
Mouse Hole											Salt				
Centralizers											Flowseal				
Baskets											Kol-Seal				
D/V or Port Collar	5-14-22										Mud CLR 48				
1st Run tubing to 3600' pumped										CFL-117 or CD110 CAF 38					
25x Common 50# hulls tagged @ 3400										Sand					
5-15-22										Handling	249				
										Mileage	50				
FLOAT EQUIPMENT															
2nd Pumped 50x Common 3800'										Guide Shoe					
@ 1200' tagged cement @ 800'										Centralizer					
										Baskets					
3rd Pumped 35x Common @ 650'										AFU Inserts					
										Float Shoe					
										Latch Down					
3rd Pumped 135x Common @ 270' to surface										LMV 50					
										Service Supervisor					
										Pumptrk Charge	PTA / Pumped bottom 2nd pay Pump				
										Mileage	100				
										Tax					
										Discount					
										Total Charge					
X Signature															