

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.

7989

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	6-16-22	Sec.	5	Twp.	11B	Range	11W	County	Barber	State	Ks	On Location		Finish	
Lease	Goldman Melcher			Well No.	3			Location	MEOLodge, Ks S to Jct 281' 2 E to						
Contractor	CO-TOOLS							Owner	Northstar Rd 3/4 N W. S. into						
Type Job	PTA							To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cement 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 VAL ENERGY INC Edwards										
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 50 5x 60/40 4 1/2 GEL										
EQUIPMENT								10 sc GEL on SING USED 13 sc							
Pumptrk	3	No.						Common	73 sc						
Bulktrk	7	No.						Poz. Mix	52 sc						
Bulktrk		No.						Gel.	947'						
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	CIBP 4660' 0107 2 3000'							CFL-117 or CD110 CAF 38							
1st Plug	2 600' 50 sc 60/40 4 1/2 GEL							Sand							
10 sc GEL								Handling 141							
50 sc 60/40 4 1/2 GEL								Mileage 45 / 6345							
FLOAT EQUIPMENT															
DISP	2nd Plug 2 260' 50 sc 60/40 4 1/2 GEL							Guide Shoe							
50 sc 60/40 4 1/2 GEL								Centralizer							
DISP								Baskets							
3RD Plug 2 40								AFU Inserts							
40 sc 60/40 4 1/2 GEL								Float Shoe							
								Latch Down							
								SERVICE Sp. 1 EA							
								LMV 45							
								Pumptrk Charge PTA							
								Mileage 90							
THANK YOU PLEASE CALL AGAIN TODD MIKE RICHARD															
Signature <i>Todd Mike Richard</i>															
								Tax							
								Discount							
								Total Charge							