

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.

7963

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	5-19-22	Sec.	30	Twp.	26S	Range	20W	County	EDWARDS	State	Ks.	On Location		Finish	
Lease	SPEARS		Well No.	A 1-30		Location 402 Woodland Blk TOP N+ Jewell Rd									
Contractor	BEARCAT Well Service				Owner E P 200' W 1/2 S 12. 140										
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							McCOY PET CO	
Csg.	5/8				Depth		Street								
Tbg. Size					Depth		City							State	
Tool					Depth		The above was done to satisfaction and supervision of owner agent or contractor.								
Cement Left in Csg.					Shoe Joint		Cement Amount Ordered							200 x 60/40 4/ GAL	
Meas Line					Displace		EQUIPMENT							3 x Gel 01200 USED 175 SC	
Pumptrk	3	No.				Common							105 SC		
Bulktrk	15	No.				Poz. Mix							70 SC		
Bulktrk		No.				Gel.							1402'		
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 Plug 1324'													Sand		
3 x Gel													Handling 180		
50 x 60/40 4/ GAL													Mileage 65/ 10000		
DISC													FLOAT EQUIPMENT		
2nd Plug 700'													Guide Shoe		
50 x 60/40 4/ GAL													Centralizer		
DISC													Baskets		
3rd Plug 300'													AFU Inserts		
40 x 60/40 4/ GAL													Float Shoe		
DISC													Latch Down		
4th Plug 40'													SERVICE Sp/ 1 EA		
35 x 60/40 4/ GAL													LW 65		
													Pumptrk Charge PTA		
Thank you													Mileage 130		
PLEASE CALL AGAIN													Tax		
TODD MIKE BROWN													Discount		
X Signature													Total Charge		

