

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.

7933

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		
4-14-22	9	35S	14W	Barbee	Ks				
Lease	Wolgamuth		Well No.	SWD 19				Location	Hardacre, Ks. W to Prairie Dr Rd
Contractor	REO BELL ENERGY SERVICES INC			Owner	1/2 N. E 170				
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.	4 1/2			Depth	CROP 4100'				
Tbg. Size				Depth					
Tool				Depth					
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 300x 60/40 4 1/2 GEL				
EQUIPMENT				300' GEL on SWE USED 2DS					
Pumptrk	3	No.		Common	120				
Bulktrk	7	No.		Poz. Mix	80				
Bulktrk		No.		Gel.	939				
Pickup		No.		Calcium					
JOB SERVICES & REMARKS				Hulls					
Rat Hole				Salt					
Mouse Hole				Flowseal					
Centralizers				Kol Seal					
Baskets				Mud CLR 48					
DN or Port Collar				CFL-117 or CD110 CAF 38					
Hook up to Well				Sand					
OTHER Pumping 300 lbs GEL				Handling 210					
STAGE Mic Pump 7555				Mileage 50 / 9000					
Start circ out 4 1/2				FLOAT EQUIPMENT					
200x total				Guide Shoe					
circ out 8 5/8 400'				Centralizer					
Close Valve				Baskets					
Wash up tank				AFU Inserts					
Hook up to Well				Float Shoe					
Pump 1/4" H ₂ O CLEAN out VALVE				Latch Down					
SHUT WELL IN				SERVICE Spv 1 EA					
				LMV 50					
				Pumptrk Charge PTA					
				Mileage 100					
THANK YOU									
PLEASE CALL AGAIN									
1000 MIKE BRYAN									
X Signature Jordan BI TONO SEBA									
				Tax					
				Discount					
				Total Charge					