

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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.

8005

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

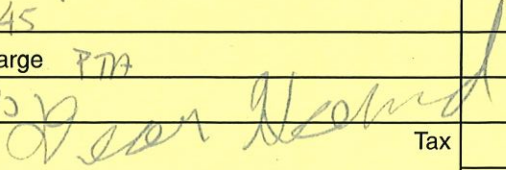
Mailing Address P.O. Box 468

Office 620-786-6992

Fax 620-672-3663

Todd's Cell 620-388-4967

Brady's Cell 620-727-6964

Date	7-1-22	Sec.	24	Twp.	34S	Range	11W	County	Barber	State	Ks	On Location		Finish	
Lease	NELSON		Well No.	2		Location MED LODGE, Ks S to GEELANE E to BETHEL RD									
Contractor	CO-TOOLS							Owner S to Angus Rd E to thru CATTLE GRADE							
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				VAL ENERGY			
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 150 sc 60/40 4' GEL									
EQUIPMENT													10 sc GEL V500 130 sc		
Pumptrk	3	No.											Common 78 sc		
Bulktrk	15	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													CFL-117 or CD110 CAF 38		
1st Plug 600'													Sand		
10 sc GEL													Handling 140		
50 sc 60/40 4' GEL													Mileage 451 6300		
FLOAT EQUIPMENT															
DISP 2nd Plug 300'													Guide Shoe		
50 sc 60/40 4' GEL													Centralizer		
DISP 3rd Plug 40'													Baskets		
30 sc 60/40 4' GEL													AFU Inserts		
CIRC CMT TO PIT													Float Shoe		
													Latch Down		
													SERVICE Spv 1 EA		
													LMV 45		
THANK YOU													Pumptrk Charge PTA		
PLEASE CALL AGAIN													Mileage 900		
TODD MIKE RICHARD JASON													 Tax Discount Total Charge		
X															
Signature															