KOLAR Document ID: 1660387

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 #:				API No. 15			
Name:				Spot Description:			
Address 1:				Sec Twp S. R East West			
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section			
City:							
Contact Person:				Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				☐ NE ☐ NW ☐ SE ☐ SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:				County: Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date)			
Producing Formation(s): List All (If needed attach another sheet)				by:(KCC District Agent's Name) Plugging Commenced:			
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth to Top: Bottom: T.D					Completed.		
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing Reco	sing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
cement or other plugs were us		-				ds used in introducing it into the hole. If	
Plugging Contractor License #: Nan							
Address 1: Address							
City:			Sta	ate:		Zip:+	
Phone: ()							
Name of Party Responsible for Plugging Fees:							
State of	County, _		, s	SS.			
		Г	_	nployee of Operator or	Operator on above-described well,		
(Print Name)				=[]	inproyee or Operator or	Operator on above-described well,	

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.

7982

our district works.

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

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

Mailing Address RO. Box 468

Brady's Cell 620-727-6964 Rich's Cell 620-727-3409

Fax 620-672-3663 Office 620-727-3410

Signature Total Charge Junoosid/ XET Mileage Pumptrk Charge Latch Down Float Shoe AFU Inserts Baskets Centralizer Guide Shoe FLOAT EQUIPMENT Mileage Pandling bna2 D/V or Port Collar CET-117 of CD110 CAF 38 Baskets Mud CLR 48 Centralizers Kol-Seal Mouse Hole Flows@st Rat Hole IJES alluH 10B SERVICES & REMARKS Pickup Calcium 'ON Bulktrk Gel. ON. Bulktrk Poz. Mix ON. Pumptik Common ON. EQUIPMENT Meas Line Displace 13) 1/2 cb/cg 5081 Cement Amount Ordered Cement Left in Csg. The above was done to satisfaction and supervision of owner agent or contractor. Shoe Joint [00] CIPY State Depth 9zi2, gdT Street Depth Csg. Depth Срагде Hole Size .O.T cementer and helper to assist owner or contractor to do work as listed. You are hereby requested to rent cementing equipment and furnish Type Job To Quality Well Service, Inc. Confractor Owner Lease Location Well No. PoutCo Date -dwT 'Dag County Range State On Location **USIUIH**