

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.

8015

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	7-12-22	Sec.	24	Twp.	26S	Range	12W	County	PRATT	State	KI	On Location		Finish	
Lease	HETRICK HOWELL		Well No.	1-24		Location Preston, KS N to 80 th W to 80 th									
Contractor	CLARK WELL SERVICE					Owner 1/4 N E. 1st									
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 DEUTSCH OIL CO.								
Tbg. Size	2 3/8					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 200 SK 60/40								
EQUIPMENT															
Pumptrk	8	No.				USED 120 SK									
Bulktrk	15	No.				Common 73 SK									
Bulktrk		No.				Poz. Mix 52 SK									
Pickup		No.				Gel. 850 #									
JOB SERVICES & REMARKS															
Rat Hole						Hulls									
Mouse Hole						Salt									
Centralizers						Flowseal									
Baskets						Kol-Seal									
D/V or Port Collar	CIB/D 3330' (2' OFF 1800')					Mud CLR 48									
1st Plug	690'					CFL-117 or CD110 CAF 38									
BFC GEL						Sand									
50 SK 60/40 4% GEL						Handling 139									
DISC						Mileage 15 / 3750									
FLOAT EQUIPMENT															
2nd Plug	330'					Guide Shoe									
50 SK 60/40 4% GEL						Centralizer									
DISC						Baskets									
3rd Plug	62'					AFU Inserts									
30 SK 60/40 4% GEL						Float Shoe									
CIRC CMT TO KIT						Latch Down									
													SERVICE SUP		
													LM 15		
THANK YOU													Pumptrk Charge PTA		
PLEASE CALL AGAIN													Mileage 30		
DOD MIKE BRYAN															
X Signature Mark Progenitor													Tax		
													Discount		
													Total Charge		