KOLAR Document ID: 1662471

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 #:			ΙA	PI No. 1	15						
			s	Spot Description:							
Address 1:					Sec Twp S. R East West						
Address 2:				Feet from North / South Line of Section							
City:	State:	Zip: +	_	Feet from East / West Line of Section							
Contact Person:			F	Footages Calculated from Nearest Outside Section Corner:							
Phone: ()					NE NW	SE SW					
Type of Well: (Check one) C Water Supply Well C ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s): List A Depth to Depth to	Other: Gas Sto No If not, is well If needed attach another Top: Botto Top: Botto	rage Permit #: Yes	Li	County: Lease Name: Date Well Completed: The plugging proposal was approved on: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:							
Show depth and thickness of a	all water, oil and gas forma	ations.									
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Production)								
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
Describe in detail the manner cement or other plugs were us		_				ds used in introducing it into the hole. If					
Plugging Contractor License #		Name:	ə:								
Address 1:				ress 2:							
City:			Si	ate:		Zip:+					
Phone: ()											
Name of Party Responsible for	r Plugging Fees:										
State of		,	SS.								
			Eı	mployee of 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.

8074

QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

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

Sec. Typ. Range County State On Location Finish Lesse Lukes Well to Al PB Location Centractor Out of the Manager County State On Location Finish Lesse Lukes Well Service Owner To Quality Well Service, Inc. To Quality Service, Inc. To Quality Service, Inc. To Quality Service, Inc. The above was done to satisfaction and supervision of owner agent or contract Cement Latin Cag. State The above was done to satisfaction and supervision of owner agent or contract The above was done to satisfaction and supervision of owner agent or contract Cement Latin Cag. The above was done to satisfaction and supervision of owner agent or contract The above was done to satisfaction and supervision of owner agent or contract Cement Latin Cag. The above was done to satisfaction and supervision of owner agent or contract The above was done to satisfaction and supervision of owner agent or contract The above was done to satisfaction and supervision of owner agent or contract The above was done to satisfaction and supervision of owner agent or contract The above was done to satisfaction and supervision of owner agent or contract The above was done to satisfaction and supervision of owner agent or contract The above was done to satisfaction and supervision of owner agent or contract The above was done to satisfaction and supervision of owner age							ly 3 Cell 020-727-0	JJ04			
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