

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.

8024

Office 620-786-6992 Home Office 30060 N. Hwy 281, Pratt, KS 67124
 Fax 620-672-3663 Mailing Address P.O. Box 468
 Todd's Cell 620-388-4967 Brady's Cell 620-727-6964

Date	7-12-22	Sec.	19	Twp.	305	Range	9W	County	Kingman	State	Ks	On Location		Finish	
Lease	WESTWARD	Well No.	C-4	Location	Nashville Ks 3 E to 120th Rd										
Contractor	Fossil D&G 26 13														
Type Job	PTA	Owner 25 W 19th													
Hole Size	7 7/8	T.D.	4740												
Csg.		Depth													
Tbg. Size	4 1/2 DP	Depth													
Tool		Depth													
Cement Left in Csg.		Shoe Joint													
Meas Line		Displace													
EQUIPMENT															
Pumptrk	8 No.	4 1/2" TEL													
Bulktrk	15 No.	Common 129 SK													
Bulktrk	No.	Poz. Mix 86 SK													
Bulktrk	No.	Gel. 790'													
Pickup	No.	Calcium													
JOB SERVICES & REMARKS															
Rat Hole	305K	Hulls													
Mouse Hole	204K	Salt													
Centralizers		Flowseal													
Baskets		Kol-Seal													
D/V or Port Collar		Mud CLR 48													
1st Plug	4740'	CFL-117 or CD110 CAF 38													
2nd Plug	1450'	Sand													
3rd Plug	1000'	Handling 223													
4th Plug	320'	Mileage 40 / 8920													
5th Plug	354 60/40 4 1/2 TEL	FLOAT EQUIPMENT													
6th Plug	354 60/40 4 1/2 TEL														
7th Plug	354 60/40 4 1/2 TEL														
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99th Plug	354 60/40 4 1/2 TEL														
100th Plug	354 60/40 4 1/2 TEL														
Signature	S. Thompson														
	Total Charge														
	Discount														
	Tax														