

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.

8132

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	10-12-22	Sec.	18	Twp.	35	Range	15	County	Barber	State	Kc	On Location	Finish
Lease	Brown back		Well No.	1-18		Location							
Contractor	Quality Well Service							Owner					
Type Job	PTA 1							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			T.D.		Charge To								
Csg.	4 1/2		Depth		To: Sakon Cementing								
Tubg. 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 200 SY 60/40 4 1/2 (PT)								
EQUIPMENT										10 SY Gal on side			
Pumptrk	3	No.			Common 120								
Bulktrk	7	No.			PoZ. Mix 80								
Bulktrk		No.			Gel. 1700 ⁴								
Pickup		No.			Calcium 100 ⁴								
JOB SERVICES & REMARKS										Hulls			
Rat Hole										Salt			
Mouse Hole										Flowseal			
Centralizers										Kol-Seal			
Baskets										Mud CLR 48			
D/W or Port Collar 10-12-22										CFL-117 or CD110 CAF 38			
1 st Pumped @ 4460 nominal 50 SY 60/40 4 1/2 Gal 100# hulls.										Sand			
Tagged plug to 4290 10-12-22										Handling 219			
										Mileage 65			
FLOAT EQUIPMENT													
1 st Pumped 10 SY 60/40 4 1/2 Gal 50 SY										Guide Shoe			
60/40 4 1/2 Gal @ 1190										Centralizer			
										Baskets			
2 nd Pumped 50 SY 60/40 4 1/2 Gal @ 560										AFU Inserts			
										Float Shoe			
										Latch Down			
3 rd Pumped 50 SY 60/40 4 1/2 Gal @ 2 1/2 hrs to surface.										LAW 65			
										Service Supervisor			
										Pumptrk Charge PTA Pumped latter No. checked			
										Mileage 130			
										Tax			
										Discount			
										Total Charge			
X Signature													