

**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

Form CP-4  
March 2009

Type or Print on this Form  
Form must be Signed  
All blanks must be Filled

**WELL PLUGGING RECORD**  
K.A.R. 82-3-117

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.

8106

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	Sec.	Twp.	Range	County	State	On Location	Finish		
9-29-22	5	35S	11W	Barber	Ks				
Lease Goldman-Melcher		Well No.	0-5-32					Location	Med Lodge, K1 S on 231 Hwy
Contractor CO-TOOLS				Owner				to Rattlesnake Rd 1/2 S on Noztrak W. into	
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 VAL ENERGY LLC						
Tbg. 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 150 or 60/40 4 1/2 FEL						
<b>EQUIPMENT</b>				35c FEL on 510c					
Pumptrk	8 No.			Common 34 sc					
Bulktrk	10 No.			Poz. Mix 56 sc					
Bulktrk	No.			Gel. 782 lbs					
Pickup	No.			Calcium					
<b>JOB SERVICES &amp; REMARKS</b>				Hulls					
Rat Hole				Salt					
Mouse Hole				Flowseal					
Centralizers				Kol-Seal					
Baskets				Mud CLR 48					
D/V or Port Collar				CFL-117 or CD110 CAF 38					
1st Plug 2 600'				Sand					
Bsc FEL				Handling 148					
50 sc 60/40 4 1/2 FEL				Mileage 45/6660					
Diso				<b>FLOAT EQUIPMENT</b>					
2nd Plug 2 360'				Guide Shoe					
50 sc 60/40 4 1/2 FEL				Centralizer					
Diso				Baskets					
3rd Plug 2 400'				AFU Inserts					
40 sc 60/40 4 1/2 FEL				Float Shoe					
CIC call TO PET				Latch Down					
				SERVICE SUP 1 EA					
				LMV 45					
				Pumptrk Charge PTA					
THANK YOU				Mileage 90					
PLEASE CALL AGAIN									
TODD MIKE BRYAN									
Signature <i>[Signature]</i>									
						Tax			
						Discount			
						Total Charge			