

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.

8186

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	12-12-22	Sec.	1	Twp.	27S	Range	14W	County	PRATT	State	Ks	On Location		Finish		
Lease	HOENEL		Well No.		L-1		Location									
Contractor	STEELING OILFIELD SERVICES INC							Owner								
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								
Tbg. Size			Depth					LACHENMAYR OIL LLC								
Tool			Depth					Street								
Cement Left in Csg.			Shoe Joint					City								
Meas Line			Displace					The above was done to satisfaction and supervision of owner agent or contractor.								
EQUIPMENT							Cement Amount Ordered 170 SK 60/40 4 1/2 EL									
Pumptrk	8	No.						50" GEL ON SIDE USED 140 SK								
Bulktrk	10	No.						Common 84 SK								
Bulktrk		No.						Poz. Mix 56 SK								
Pickup		No.						Gel. 932								
JOB SERVICES & REMARKS							Calcium									
Rat Hole								Hulls								
Mouse Hole								Salt								
Centralizers								Flowseal								
Baskets	CIR 3923'							Kol-Seal								
D/V or Port Collar	CUT OFF 1696'							Mud CLR 48								
1st Plug	990'							CFL-117 or CD110 CAF 38								
10 SK GEL								Sand								
50 SK 60/40 4 1/2 GEL								Handling 150								
DISP								Mileage 12/350								
2nd Plug	462'							FLOAT EQUIPMENT								
50 SK 60/40 4 1/2 GEL								Guide Shoe								
DISP								Centralizer								
3rd Plug	42'							Baskets								
40 SK 60/40 4 1/2 GEL								AFU Inserts								
CIR CUT TO PRT								Float Shoe								
								Latch Down								
								SERVICE SPN 1 EA								
								LMV 10								
								Pumptrk Charge PTA								
								Mileage 20								
THANK YOU PLEASE CALL AGAIN TODD MIKE BRADY												Tax				
Signature												Discount				
												Total Charge				