

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.

8214

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
1-12-23	29	34S	11W	Bahece	KI		
Lease	Well No.		Location				
Diels	1-29		Mesa Lodge, KI S to Hawkins Rd				
Contractor				Owner			
CO-TOOLS				1129 Sinto			
Type Job	T.D.			To Quality Well Service, Inc.			
Hole Size	7 7/8			You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Csg.	5/2			Charge To			
Tbg. Size	Depth			VAL ENERGY TMC			
Tool	Depth			Street			
Cement Left in Csg.	Shoe Joint			City			
Meas Line	Displace			State			
EQUIPMENT				The above was done to satisfaction and supervision of owner agent or contractor.			
Pumptrk				Cement Amount Ordered			
Bulktrk				135 or 60/40 4/1 EL			
Bulktrk				500" GEL on SIDE			
Pickup				Common			
JOB SERVICES & REMARKS				Poz. Mix			
Rat Hole				Gel.			
Mouse Hole				Calcium			
Centralizers				Hulls			
Baskets				Salt			
D/V or Port Collar				Flowseal			
1st Plug 600'				Kol-Seal			
100' GEL				Mud CLR 48			
50% OMT 60/40 4/1 EL 1/2 CC				CFL-117 or CD110 CAF 38			
1st Plug 300'				Sand			
50% OMT 60/40 4/1 EL 1/2 CC				Handling			
1st Plug 45'				Mileage			
35% OMT 60/40 4/1 EL				FLOAT EQUIPMENT			
1st Plug 100'				Guide Shoe			
50% OMT 60/40 4/1 EL 1/2 CC				Centralizer			
1st Plug 45'				Baskets			
35% OMT 60/40 4/1 EL				AFU Inserts			
1st Plug 100'				Float Shoe			
50% OMT 60/40 4/1 EL				Latch Down			
1st Plug 100'				GENERAL 300' 1 EA			
50% OMT 60/40 4/1 EL				LMV 15			
1st Plug 100'				Pumptrk Charge			
50% OMT 60/40 4/1 EL				Mileage			
1st Plug 100'				Tax			
50% OMT 60/40 4/1 EL				Discount			
1st Plug 100'				Total Charge			
50% OMT 60/40 4/1 EL				Signature			