

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.

8224

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	1-20-23	Sec.	29	Twp.	34S	Range	11W	County	BARBER	State	Ks	On Location		Finish							
Lease	MAY 1911		Well No.		2-29-2000		Location		10701 LODGE, Ks 5 to Kankakee Rd												
Contractor								CO-TOOLS								Owner		E to Poshon Rd 1/2 S 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	
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 x 60/40 4/1 GEL	
EQUIPMENT																					
Pumptrk		8		No.				Common		B46x											
Bulktrk		10		No.				Poz. Mix		566											
Bulktrk				No.				Gel.		932											
Pickup				No.				Calcium													
JOB SERVICES & REMARKS																					
Rat Hole								Hulls													
Mouse Hole								Salt													
Centralizers								Flowseal													
Baskets								Kol-Seal													
D/V or Port Collar								Mud CLR 48													
Hook up to CSC (ca. 55 9/16 salt 112)								CFL-117 or CD110 CAF 38													
1st Plug 600'								Sand													
5/8 GEL								Handling								150					
50 x 60/40 4/1 GEL								Mileage								45 / 6750					
FLOAT EQUIPMENT																					
D150								Guide Shoe													
2nd Plug 270'								Centralizer													
50 x 60/40 4/1 GEL								Baskets													
D150								AFU Inserts													
3rd Plug 40'								Float Shoe													
30 x 60/40 4/1 GEL								Latch Down													
100' OFF 150 x 60/40 4/1 GEL								SERVICE SPW 1EA													
								LMV 45													
								Pumptrk Charge								PTA					
								Mileage								90					
THANK YOU PLEASE CALL AGA/10 TODAY PERMAN NOTE																					
Signature												Tax									
												Discount									
												Total Charge									