KOLAR Document ID: 1714809

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 #:	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No 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.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:
Depth to Top: Bottom:T.D	

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.				
(Print Name)	Employee of Operator or Operator on above-described well,				

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. 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

Sec.	Twp.	Range	(County	State	On Location	Finish	
Date 4-10-23 30	31	8	14	uper	KS			
Lease Broce v	Vell No.	1	Locatio	on				
Contractor Qual. 4 Well Service				Owner				
Type Job PT74			To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish					
Hole Size T.D.			cementer and	d helper to assist owr	er or contractor to do	work as listed.		
<u>Csg.</u> 4.5	Depth			Charge N-10				
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 220 Sy Compton				
EQUIPM	IENT							
Pumptrk 3 No.				Common 220				
BUIKTR ()				Poz. Mix				
Bulktrk No.				Gel.	e training			
Pickup No.				Calcium	5#			
JOB SERVICES	& REMAR	KS	l.	Hulls				
Rat Hole			4	Salt				
Mouse Hole				Flowseal				
Centralizers			1	Kol-Seal				
Baskets			Mud CLR 48					
D/V or Port Collar			CFL-117 or CD110 CAF 38					
1st Pumped SOSX Common 3210			Sand					
2 1450 tagge	d ph	19 2 10	165	Handling 222				
	in manager	Conservation of		Mileage 50	Ö min sin sin sin sin sin sin sin sin sin s			
200 PUMPA 355x	(omm	ion a 9	00	FLOAT EQUIPMENT				
				Guide Shoe				
Rid Pumped 13551	Com	PON Q 3	320'	Centralizer				
to sulface			Baskets					
			AFU Inserts					
				Float Shoe				
			Latch Down					
				LMV				
				Savire Supervisor				
				Pumptrk Charge PTA				
				Mileage 100				
					**	Tax		
David Hudson Ha	AGA					Discount		
X Signature				Total Charge				

Tavlor Printing. Inc.