

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.

(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.

8296

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	4-24-23	Sec.	30	Twp.	31	Range	8	County	Harper	State	KS	On Location	Finish
Lease	Aspec A		Well No.		2		Location						
Contractor	Quality Well Service						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							T.D.						
Csg.	4.5		Depth		Charge To R+B Oil								
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 210sx Common										
EQUIPMENT													
Pumptrk	3	No.							Common 210				
Bulktrk	10	No.							Poz. Mix				
Bulktrk		No.							Gel.				
Pickup		No.							Calcium 100#				
JOB SERVICES & REMARKS													
Rat Hole							Hulls						
Mouse Hole							Salt						
Centralizers							Flowseal						
Baskets							Kol-Seal						
D/V or Port Collar							Mud CLR 48						
1st Pumped 50sx Common 38' IC @ 1450 tagged @ 1140'							CFL-117 or CD110 CAF 38						
2nd Pumped 35sx Common @ 900'							Sand						
3rd Pumped 125sx Common @ 260' to surface.							Handling 212						
							Mileage 50						
FLOAT EQUIPMENT													
							Guide Shoe						
							Centralizer						
							Baskets						
							AFU Inserts						
							Float Shoe						
							Latch Down						
							LMV 50						
							Service Supervisor						
							Pumptrk Charge PTA						
							Mileage 100						
											Tax		
											Discount		
											Total Charge		
X Signature <i>David Deak Hudson</i>													