

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.

8284

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	4-11-23	Sec.	29	Twp.	31	Range	8	County	Harper	State	KS	On Location	Finish
Lease	Block AB Unit		Well No.	7		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 220 sx Common					
EQUIPMENT													
Pumptrk	3	No.					Common 220						
Bulktrk	15	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 37' @ 1450' tagged @ 1160'							CFL-117 or CD110 CAF 38						
2nd Pumped 35sx Common @ 900'							Sand						
3rd Pumped 135sx Common @ 260' to surface							Handling 222						
							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						
Derek Hudson Hyatt													
X Signature													