

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.

8247

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	3-9-23	Sec.	18	Twp.	20S	Range	14 W	County	Barton	State	Ks	On Location		Finish		
Lease	3 miles	Well No.	1-13		Location Duder Ks W on 150 to 40' N											
Contractor	MIDHEGAN WELL SERVICE INC							Owner	L.L.W. Ninto							
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													
Tbg. Size	2 3/8		Depth													
Tool			Depth													
Cement Left in Csg.			Shoe Joint													
Meas Line			Displace													
EQUIPMENT								500 lbs hulls 1150' 320's								
Pumptrk	8	No.	Common 192 x													
Bulktrk	7	No.	Poz. Mix 123 x													
Bulktrk		No.	Gel. 1100'													
Pickup		No.	Calcium													
JOB SERVICES & REMARKS								Hulls 500' hulls								
Rat Hole	Salt															
Mouse Hole	Flowseal															
Centralizers	Kol-Seal															
Baskets	Mud CLR 48															
D/V or Port Collar	CFL-117 or CD110 CAF 38															
	4660 3300'															
	Pump H2O															
	MIX: Pump 55x 60/40 4' CEL 100' hulls															
	1150'															
	PTO 11' cut off csg. @ 1437'															
	TO 11' csg. Run in															
	15' Plug @ 1450'															
	MIX: Pump 125 x 60/40 4' CEL 300' hulls															
	1150'															
	300' Plug @ 950'															
	MIX: Pump 60 x 60/40 4' CEL 100' hulls															
	1150'															
	28' Plug 300' csg															
	MIX: Pump 95 x 60/40 4' GEL csg cut to PT															
	PTO 11' cut off															
	THANK YOU PLEASE CALL 620-786-6992															
X Signature	TO: EST-1 INC											Tax				
												Discount				
												Total Charge				