

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.

8256

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	3-10-23 3-14-23	Sec.	25	Twp.	32	Range	13	County	Barber	State	KS	On Location		Finish						
Lease	Lonker B		Well No.	1		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.					Charge To									
Csg.	55					Depth					L B Exploration									
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 75com / 140sx 60/40 426el.									
EQUIPMENT										10sx 6el on side										
Pumptrk	3	No.				Common 160														
Bulktrk	10	No.				Poz. Mix 55														
Bulktrk		No.				Gel. 1500 #														
Pickup		No.				Calcium 100 #														
JOB SERVICES & REMARKS										Hulls 250 #										
Rat Hole						Salt														
Mouse Hole						Flowseal														
Centralizers						Kol-Seal														
Baskets						Mud CLR 48														
D/V or Port Collar	3-10-23					CFL-117 or CD110 CAF 38					C-44 Gas Block 50#									
1st Pumped 75sx Common 250# hulls with Gas Block Displaced down to 3650' with H ³ / ₈ shut in 1500 psi 3-14-23.										Sand										
										Handling 237										
										Mileage 40										
										FLOAT EQUIPMENT										
2nd Pumped 50sx gel 50sx 60/40 42 6el @ 600'										Guide Shoe										
										Centralizer										
										Baskets										
3rd Pumped 40sx 60/40 42 6el @ 40' to surface.										AFU Inserts										
										Float Shoe										
										Latch Down										
										LMV 40										
										Service supervisor										
										Pumptrk Charge PTA / Pumped bottom.					2nd day					
										Mileage 80										
															Tax					
															Discount					
															Total Charge					
<input checked="" type="checkbox"/> Signature																				