

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.

8326

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

15-097-21432-0000

Office 620-786-6992

Mailing Address P.O. Box 468

Fax 620-672-3663

7-20 to 7-24

Todd's Cell 620-388-4967

Brady's Cell 620-727-6964

Date	7-24-23	Sec.	33	Twp.	30S	Range	13W	County	Kiowa	State	Ki	On Location		Finish	
Lease	TAXES		Well No.	1		Location									
Contractor	MOHEGAN 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	7 7/8		T.D.			Charge To									
Csg.	4 1/2		Depth			OIL PRODUCERS INV OF KI									
Tbg. Size	2 7/8		Depth			Street									
Tool			Depth			City									
Cement Left in Csg.			Shoe Joint			State									
Meas Line			Displace			The above was done to satisfaction and supervision of owner agent or contractor.									
EQUIPMENT						Cement Amount Ordered									
						ZIN 52 6040 41 TEL									
Pumptrk	8	No.				6 sec hulk on side									
Bulktrk	10	No.				Common 126 sec									
Bulktrk		No.				Poz. Mix 34 sec									
Pickup		No.				Gel. 722 lbs									
JOB SERVICES & REMARKS						Calcium									
Rat Hole						Hulls									
Mouse Hole						Salt									
Centralizers						Flowseal									
Baskets						Koi-Seal									
D/V or Port Collar						Mud CLR 48									
Hulk up to 4 1/2 Pump Bottom						CFL-117 or CD110 CAF 38									
Pump 20 bbls 112s						Sand									
Mik: Pump 35 sec 150" hulk						Handling 2M									
DISO						Mileage 45 19765									
Pump 4 1/2						FLOAT EQUIPMENT									
Hulk up to 1 1/2 PS test CGL HEN 300'						Guide Shoe									
PTOOL PERF 1070						Centralizer									
Run 4 1/2 Hulk up to 4 1/2						Baskets									
Mik: Pump 50 sec 150" hulk						AFU Inserts									
DISO						Float Shoe									
PTOOL PERF 400"						Latch Down									
Hulk up to 4 1/2 Csk						SERVICE Saw 1 EA									
Pump 150 sec Lost Circ						LAV 45'									
Pump 70 sec total 125 sec SHUT DOWN						Pumptrk Charge PTA									
LET IT						Mileage 90									
THANK YOU PLEASE CALL AGAIN						Tax									
Signature						Discount									
TODD HATT AGENCY						Total Charge									