

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.

Office 620-786-6992
Fax 620-672-3663

Federal Building
Home Office 30060 N. HWY 201, Pratt, KS 67124
Mailing Address P.O. Box 488

Todd's Call 620-380-4807
Brady's Call 620-727-6964

Date: 9-13-23	Sec: 1	Typ: 305	Range: 7W	County: Kimbrell	State: KS	On Location:	Finish:
Lease: FTA - HIBBS	Well No:		Location:		Owner:		
Contractor: STEVE WELL SERVICE				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.			
Type Job: FTA	Hole Size: 7 7/8		Depth:		Charge To: VESC		
Csg: 5/8	Tbg. Size:		Depth:		Street:		
Tool:	Cement Left in Csg:		Shoe Joint:		City:		
Meas Line:	Displace:		State:		The above was done to satisfaction and supervision of owner agent or contractor.		

EQUIPMENT		Cement Amount Ordered	Common	Poz. Mix	Gel
Pumptrk 9 No.		3/16 1/2" P1	USED 245		
Bulktrk 12 No.			245 SK		
Bulktrk No.					
Pickup No.					

JOB SERVICES & REMARKS

Rat Hole
Mouse Hole
Centralizers CIBP 2 4100'
Baskets PEEL 1100'-600'-360'
D/V or Port Collar
1st Plug 1100'
50% Common 3/16 1/2" P1
DISP
Woc Tag 900'
2nd Plug 600'
35% Common 3/16 1/2" P1
DISP
Hook up to 5/8 Csg
160% Common 3/16 1/2" P1
Circ Out to PRT

THANK YOU
PLEASE CALL AGAIN
DEEVE JACKSON HUDSON

Calcium 691 lbs
Hulls
Salt
Flowseal 123 lbs
Kol-Seal
Mud CLR 48
CFL 117 or CD110 CAF 38
Sand
Handling 261
Mileage 45 / 10000

FLOAT EQUIPMENT

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down
⊗ SERVICE SQN 1EA
LMV 45
Pumptrk Charge PTA
Mileage 90

Tax
Discount
Total Charge

Signature