

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.

8359

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	8-21-23	Sec.	24	Twp.	14	Range	11	County	Pratt	State	KS	On Location		Finish		
Lease	Pawnee #1418		Well No.	17-29		Location										
Contractor	Vol					Owner										
Type Job	PTW					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 Vol									
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 135 cu ft / 10/10/23									
EQUIPMENT																
Pumptrk	No.						Common 95									
Bulktrk	No.						Poz. Mix 50									
Bulktrk	No.						Gel. 1100 #									
Pickup	No.						Calcium									
JOB SERVICES & REMARKS																
Rat Hole						Hulls										
Mouse Hole						Salt										
Centralizers						Flowseal										
Baskets						Kol-Seal										
D/V or Port Collar						Mud CLR 48										
2. Pumped 100 gal 10% cement 20 gal 10% cement												CFL-117 or CD110 CAF 38				
												Sand				
3. Pumped 100 gal 10% cement 20 gal 10% cement												Handling 146				
												Mileage 207.1 mi				
FLOAT EQUIPMENT																
4. Pumped 100 gal 10% cement 20 gal 10% cement												Guide Shoe				
												Centralizer				
5. Pumped 100 gal 10% cement 20 gal 10% cement												Baskets				
												AFU Inserts				
												Float Shoe				
												Latch Down				
												1.000 50				
												Pumptrk Charge 1100				
												Mileage 100				
6. Pumped 100 gal 10% cement 20 gal 10% cement												Tax				
												Discount				
												Total Charge				
X Signature																