

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.

8419

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	Sec.	Twp.	Range	County	State	On Location	Finish
10-19-23	20	32S	12W	Barber	Ks		
Lease	GR Smith		Well No.	A-2			
Contractor		CHA-CHÉ OILFIELD SERVICES		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.				
Csg.	6"		Depth	Charge To Griffin			
Tbg. Size	2 7/8		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 2.64 bbls @ 6.1			
EQUIPMENT				100' h. l/c m. size 1150 195			
Pumptrk	3	No.		Common 117			
Bulktrk	10	No.		Poz. Mix 784			
Bulktrk		No.		Gel. 1.54/6			
Pickup		No.		Calcium			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt 1200			
Mouse Hole	CRAD 4490'			Flowseal			
Centralizers	PROF 1800-620'			Kol-Seal			
Baskets				Mud CLR 48'			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
Hook up to csh: ps test 500' 4 BH				Sand			
1st Plug 1800				Handling 200			
Mix: Pump 35x 60/40 4% fel.				Mileage 45/9090			
Mix: Pump 35x 60/40 4% fel 100' hull				FLOAT EQUIPMENT			
DISA				Guide Shoe			
PTOCH: PROF				Centralizer			
2nd Plug 639'				Baskets			
Mix: Pump 35x 60/40 4% fel				AFU Inserts			
Circ out 6' class valve plug 300'				Float Shoe			
PTASH				Latch Down			
TOP OFF 6'				SERVICE S.W. 1 FD			
45x 60/40 4% fel				LMV 45			
THANK YOU				Pumptrk Charge PTA			
PLEASE CALL AGAIN				Mileage 90			
TODD MATT HATHOR				Tax			
Signature				Discount			
				Total Charge			