

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.

8437

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
11-3-23	21	34S	11W	Barber	Ks		
Lease <i>Rayton KUBIK</i>	Well No. <i>3-21</i>	Location					
Contractor <i>CO-TOOLS</i>				Owner			
Type Job <i>PTA</i>				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 <i>7 7/8</i>	T.D.			Charge To <i>WOL ENERGY INC</i>			
Csg. <i>5/2</i>	Depth			Street			
Tbg. Size	Depth			City			
Tool	Depth			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 <i>175x 60/40 4 1/2 gal.</i>			
EQUIPMENT				<i>local gal on site USED 145 gal.</i>			
Pumptrk <i>3</i> No.				Common <i>975x</i>			
Bulktrk <i>10</i> No.				Poz. Mix <i>525 SK</i>			
Bulktrk No.				Gel. <i>9000 lbs</i>			
Pickup No.				Calcium			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers <i>CEBP d 4600</i>				Kol-Seal			
Baskets <i>OT OFF d 3414</i>				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
<i>1st Plug d 60/6</i>				Sand			
<i>5 1/2 gal</i>				Handling <i>185</i>			
<i>50x 60/40 4 1/2 gal</i>				Mileage <i>46 / 8325</i>			
<i>DISP</i>				FLOAT EQUIPMENT			
<i>2nd Plug d 313</i>				Guide Shoe			
<i>50x 60/40 4 1/2 gal</i>				Centralizer			
<i>DISP</i>				Baskets			
<i>3rd Plug d 40</i>				AFU Inserts			
<i>30x 60/40 4 1/2 gal</i>				Float Shoe			
<i>give to POT</i>				Latch Down			
<i>Roll CSB</i>				<i>SERVICE SIDE 1 EA</i>			
<i>TOP OFF 15.4 60/40 4 1/2 gal</i>				<i>LOW 45'</i>			
<i>THANK YOU</i>				Pumptrk Charge <i>PTA</i>			
<i>PLEASE CALL AGAIN 300 727 6964</i>				Mileage <i>90 / 8325</i>			
<i>WOL</i>				Tax			
<i>WOL</i>				Discount			
X Signature				Total Charge			