

**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.

8413

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  | 10-4-23<br>10-5-23   | Sec. | 36       | Twp. | 18 | Range | 11  | County   | Barton | State | KS | On Location             | Finish |             |
| Lease                                       | Doll Mary IDA        |      | Well No. |      | 27 |       | Location  |          |        |       |    |                         |        |             |
| Contractor                                  | Quality Well Service |      |          |      |    |       | Owner   |          |        |       |    |                         |        |             |
| Type Job                                    | PTA                  |      |          |      |    |       | To Quality Well Service, Inc.<br>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.  | 5.5.                 |      |          |      |    |       | Depth   |          |        |       |    |                         |        |             |
| Tbg. Size                                   |                      |      |          |      |    |       | Depth   |          |        |       |    |                         |        |             |
| Tool  |                      |      |          |      |    |       | Depth   |          |        |       |    |                         |        |             |
| Cement Left in Csg.                         |                      |      |          |      |    |       | Shoe Joint  |          |        |       |    |                         |        |             |
| Meas Line                                   |                      |      |          |      |    |       | Displace  |          |        |       |    |                         |        |             |
| Cement Amount Ordered                       |                      |      |          |      |    |       |   |          |        |       |    | 340 sv 60/40 4 1/2 6-1  |        |             |
| <b>EQUIPMENT</b>                            |                      |      |          |      |    |       |   |          |        |       |    |                         |        |             |
| Pumptrk                                     | 8                    | No.  |          |      |    |       |   | Common   |        |       |    |                         |        | 205         |
| Bulktrk                                     | 12                   | No.  |          |      |    |       |   | Poz. Mix |        |       |    |                         |        | 135         |
| Bulktrk                                     |                      | No.  |          |      |    |       |   | Gel.     |        |       |    |                         |        | 1200 #      |
| Pickup                                      |                      | No.  |          |      |    |       |   | Calcium  |        |       |    |                         |        |             |
| <b>JOB SERVICES &amp; REMARKS</b>           |                      |      |          |      |    |       |   |          |        |       |    |                         |        |             |
| Rat Hole                                    |                      |      |          |      |    |       | Hulls   |          |        |       |    |                         | 300 #  |             |
| Mouse Hole                                  |                      |      |          |      |    |       | Salt  |          |        |       |    |                         |        |             |
| Centralizers                                |                      |      |          |      |    |       | Flowseal  |          |        |       |    |                         |        |             |
| Baskets                                     |                      |      |          |      |    |       | Kol-Seal  |          |        |       |    |                         |        |             |
| D/V or Port Collar                          | 10-4-23              |      |          |      |    |       | Mud CLR 48  |          |        |       |    |                         |        |             |
| 1 <sup>st</sup> Pumped 75sv 60/40 4 1/2 6-1 |                      |      |          |      |    |       |   |          |        |       |    | CFL-117 or CD110 CAF 38 |        |             |
| 200# hulls @ 2700'                          |                      |      |          |      |    |       |   |          |        |       |    | Sand                    |        |             |
| 10-4-23                                     |                      |      |          |      |    |       |   |          |        |       |    | Handling                |        | 358         |
| 200' Tubing @ 1200' pumped 100sv            |                      |      |          |      |    |       |   |          |        |       |    | Mileage                 |        | 70 / 30,000 |
| 60/40 4 1/2 100# hulls.                     |                      |      |          |      |    |       |   |          |        |       |    | <b>FLOAT EQUIPMENT</b>  |        |             |
| 3rd Tubing @ 700' pumped 165sv              |                      |      |          |      |    |       |   |          |        |       |    | Guide Shoe              |        |             |
| 60/40 4 1/2 6-1 to surface                  |                      |      |          |      |    |       |   |          |        |       |    | Centralizer             |        |             |
|   |                      |      |          |      |    |       |   |          |        |       |    | Baskets                 |        |             |
|   |                      |      |          |      |    |       |   |          |        |       |    | AFU Inserts             |        |             |
|   |                      |      |          |      |    |       |   |          |        |       |    | Float Shoe              |        |             |
|   |                      |      |          |      |    |       |   |          |        |       |    | Latch Down              |        |             |
|   |                      |      |          |      |    |       |   |          |        |       |    | LMV 70                  |        |             |
|   |                      |      |          |      |    |       |   |          |        |       |    | P Service supervisor    |        |             |
|   |                      |      |          |      |    |       |   |          |        |       |    | Pumptrk Charge          |        | PTA         |
|   |                      |      |          |      |    |       |   |          |        |       |    | Mileage                 |        | 140         |
|   |                      |      |          |      |    |       |   |          |        |       |    | Tax                     |        |             |
|   |                      |      |          |      |    |       |   |          |        |       |    | Discount                |        |             |
|   |                      |      |          |      |    |       |   |          |        |       |    | Total Charge            |        |             |
| Derek And Herman J.P.                       |                      |      |          |      |    |       |   |          |        |       |    |                         |        |             |
| X Signature                                 |                      |      |          |      |    |       |   |          |        |       |    |                         |        |             |