

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.

8175

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	12-5-22	Sec.	27	Twp.	31S	Range	13W	County	Barber	State	Ks	On Location		Finish	
Lease	PACKARD	Well No.	3-27			Location									
Contractor	FOSSIL R/L R.G. 5							Owner							
Type Job	SURFACE							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	12 1/4	T.D.	223			Charge To									
Csg.	8 5/8	Depth	222			LYNN PACKARD									
Tbg. Size		Depth	Street												
Tool		Depth	City										State		
Cement Left in Csg.		Shoe Joint	20			The above was done to satisfaction and supervision of owner agent or contractor.									
Meas Line		Displace	12.9			Cement Amount Ordered									
EQUIPMENT										2 1/2" 62L 3 1/2" 11 1/2" PS					
Pumptrk	8	No.				Common									
Bulktrk	10	No.				Poz. Mix									
Bulktrk		No.				Gel.									
Pickup		No.				Calcium									
JOB SERVICES & REMARKS										Hulls					
Rat Hole										Salt					
Mouse Hole										Flowseal					
Centralizers										Kol-Seal					
Baskets										Mud CLR 48					
D/V or Port Collar										CFL-117 or CD110 CAF 38					
Run 5 #s 8 5/8 + CSG SET 222										Sand					
START CSG CSG ON Bottom										Handling					
Hook up to CSG - Break circ w/CG										Mileage					
START Pumping H ₂ O										FLOAT EQUIPMENT					
START mic & Pump 220 sc 60 kps										Guide Shoe					
2 1/2" 62L 3 1/2" 11 1/2" PS @ 14.7" gal										Centralizer					
START Disp										Baskets					
Flow down 12.9 bbl										AFU Inserts					
Close Valve on CSG										Float Shoe					
Flow circ thro JOB										Latch Down					
circ CMF TO BIT										SERVICE 500 LEA					
										LMV 25					
THANK YOU										Pumptrk Charge					
Please Call A/HIP										Mileage					
TODD MICE NOTE															
X Signature										Tax					
										Discount					
										Total Charge					

QUALITY WELL SERVICE, INC.

8187

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	12-13-22	Sec.	27	Twp.	31S	Range	13W	County	Barber	State	Ks	On Location		Finish	
Lease	TACKARD		Well No.	3-27		Location MED LODGE KS 8.5 W ON R 12 Rd									
Contractor								Owner							
Type Job								To Quality Well Service, Inc.							
Hole Size								You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Csg.								Charge To							
Tbg. Size								To LYNN TACKARD							
Tool								Street							
Cement Left in Csg.								City							
Meas Line								State							
Shoe Joint								The above was done to satisfaction and supervision of owner agent or contractor.							
Displace								Cement Amount Ordered							
								170x 60/40 4 1/2 GEL							
EQUIPMENT															
Pumptrk	No.							Common	102x						
Bulktrk	No.							Poz. Mix	69x						
Bulktrk	No.							Gel.	585x						
Pickup	No.							Calcium							
JOB SERVICES & REMARKS															
Rat Hole	30x 60/40 4 1/2 GEL														
Mouse Hole	22x 60/40 4 1/2 GEL														
Centralizers															
Baskets															
D/V or Port Collar	CFL-117 or CD110 CAF 38														
	Sand														
	Handling														
	Mileage														
	25/4400														
FLOAT EQUIPMENT															
	Guide Shoe														
	Centralizer														
	Baskets														
	AFU Inserts														
	Float Shoe														
	Latch Down														
	SERVICE 500 / EA														
	Pumptrk Charge PTA														
	Mileage 50														
	TAX														
	DISCOUNT														
	TOTAL CHARGE														
THANK YOU PLEASE CALL AGAIN TODD MIKE															
Signature															