

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.

8504

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	3-19-24	Sec.	27	Twp.	17N	Range	13W	County	WELL	State	Ks	On Location		Finish								
Lease	Childs Trust	Well No.	1-27			Location																
Contractor	Alliance Well Service					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	7 7/8					T.D.																
Csg.	5/2					Depth					Charge To					Holtman Oil Co Inc						
Tbg. Size	2 3/4					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					4500 60/90 4" CEL						
EQUIPMENT													200' hulls									
Pumptrk	No.						Common					1362										
Bulktrk	No.						Poz. Mix					1245x										
Bulktrk	No.						Gel.					1666 lbs										
Pickup	No.						Calcium															
JOB SERVICES & REMARKS													Hulls			200' hulls						
Rat Hole						Salt																
Mouse Hole						Flowseal																
Centralizers	Pools 1500-315-400					Kol-Seal																
Baskets						Mud CLR 48																
D/V or Port Collar						CFL-117 or CD110 CAF 38																
1st Plug 3202'													Sand									
650' GEL													Handling			327						
100% 60/90 4" CEL 200' hulls													Mileage			65/1000						
Dis													FLOAT EQUIPMENT									
2nd Plug 1500'													Guide Shoe									
100% 60/90 4" CEL 100' hulls													Centralizer									
Dis													Baskets									
3rd Plug 390'													AFU Inserts									
mix. Pump 45 @ 60/90 4" CEL													Float Shoe									
Circ at 5'12 Close Valve													Latch Down									
mix. Pump 55 @ 60/90 4" CEL													SERVICE SUP			1EA						
Circ out 590' PTW													LNU 65									
TOP OFF 100 60/90 4" CEL													Pumptrk Charge			PTW						
USED 100'													Mileage			130						
THANK YOU																Tax						
PLEASE CALL AGAIN																Discount						
TODD BRADY																Total Charge						
ALLIANCE WELL SERVICE																						