

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.

8484


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
2-2-29	36	31S	11W	Barber	Ks		
Lease	CHAPIN		Well No.	6-36			
Contractor		CLARK WELL SERVICE		Location			
Type Job	PTA		Owner 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 1/2		Depth	Charge To H Golt Holdings LLC			
Tbg. Size	2 3/8		Depth	Street PO Box 97			
Tool			Depth	City Plainville State Ks 67663			
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 310 sec 60/40 4 1/2 gal			
EQUIPMENT				250' hulls on wire v500 270 sec			
Pumptrk	3	No.		Common 1625x			
Bulktrk	15	No.		Poz. Mix 108 sec			
Bulktrk		No.		Gel. 979 lbs			
Pickup		No.		Calcium			
JOB SERVICES & REMARKS				Hulls 250 lbs			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
Tolco 3750'				Sand			
Pump 30 Bbls 1120				Handling 289			
Mix Pump 40 sec 60/40 4 1/2 gal 150' hulls				Mileage 251 99AD			
Disp				FLOAT EQUIPMENT			
thg 2 300'				Guide Shoe			
Pump 6 Bbls H2O				Centralizer			
Mix Pump 30 sec 60/40 4 1/2 gal 100' hulls				Baskets			
Disp PTA H Perf 640'				AFU Inserts			
Hook up to CS6				Float Shoe			
Est cure 11 Bbls				Latch Down Add Hys 2 EA			
Mix Pump 200 sec 60/40 4 1/2 gal				SERVICE SPR 1EA			
cure cur to PTA				LMV 35			
				Pumptrk Charge PTA			
				Mileage 70			
THANK YOU PLEASE CALL AGAIN JOHN MATT ARTHUR							
Signature				Tax			
				Discount			
				Total Charge			