

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.

(Print Name) Employee of Operator or Operator on above-described well,

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.

8536

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	4-23-24	Sec.	34	Twp.	25S	Range	16W	County	EDWARDS	State	KS	On Location	Finish	
Lease	GIBSON	Well No.	A-1	Location										
Contractor	CO-TOOLS							Owner						
Type Job	PTA							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.			Depth		Charge To 3 G. PRODUCTIONS LLC									
Tbg. Size	2 7/8		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				140 x 60/40 4 1/2 cbl					
EQUIPMENT										10x TEL CASE SIDE USE 130SK				
Pumptrk	3	No.			Common 73 SK									
Bulktrk	15	No.			Poz. Mix 52 SK									
Bulktrk		No.			Gel. 947 lbs									
Pickup		No.			Calcium									
JOB SERVICES & REMARKS										Hulls				
Rat Hole											Salt			
Mouse Hole	CIB/D 4000'										Flowseal			
Centralizers	CJ OFF 1000 1500										Kol-Seal			
Baskets											Mud CLR 48			
D/V or Port Collar											CFL-117 or CD110 CAF 38			
	1st Plug 1050'										Sand			
	5 SK GEL										Handling 140			
	50 SK 60/40										Mileage 25/3000			
	DIS										FLOAT EQUIPMENT			
	2nd Plug 450'										Guide Shoe			
	50 SK 60/40 4 1/2 GEL										Centralizer			
	DIS										Baskets			
	2nd Plug 62'										AFU Inserts			
	30 SK 60/40 4 1/2 GEL										Float Shoe			
	CIB CUT TO PRT										Latch Down			
	FROTH										SERVICE SUP 1EA			
											LNU 25'			
											Pumptrk Charge PTA			
											Mileage 50			
THANK YOU PLEASE CALL US AT TODD'S CELL 620-388-4967 BRADY'S CELL 620-727-6964										Tax				
										Discount				
										Total Charge				
X Signature														