

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.

8507

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	
3-21-24	20	3AS	11W	Barber	Ks			
Lease	H. H. Trust		Well No.	2				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.		5 1/2		Depth		Charge To		
Tbg. Size				Depth		VAL ENERGY LLC		
Tool				Depth		Street		
Cement Left in Csg.				Shoe Joint		City		
Meas Line				Displace		State		
EQUIPMENT				The above was done to satisfaction and supervision of owner agent or contractor.				
Pumptrk 3 No.				Cement Amount Ordered				
Bulktrk 15 No.				50% 60/40 47 cbl				
Bulktrk No.				50% 60/40 47 cbl				
Pickup No.				50% 60/40 47 cbl				
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				
1st Plug 600'				Sand				
50% 60/40 47 cbl				Handling 150				
Disp 2nd Plug 770'				Mileage 45 / 7200				
50% 60/40 47 cbl				FLOAT EQUIPMENT				
Disp 3rd Plug 40'				Guide Shoe				
47% circ cut to PZT				Centralizer				
				Baskets				
				AFU Inserts				
				Float Shoe				
				Latch Down				
				SERVICE SUP 1 EA				
				LMV 45				
				Pumptrk Charge PTA				
				Mileage 90				
				Tax				
				Discount				
				Total Charge				
THANK YOU PLEASE CALL AGAIN TODD MART ARTHUR				Jason J. [Signature]				
X Signature								