KOLAR Document ID: 1783057

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: Gas Storage Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: Gas Storage Permit #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom:T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)		tion)	
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.

8564

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 C.A. 24 A 24 160 EQUARUS K1 Lesse K4:55E Well No. ** Locetion Contractor ADALGAN MEIL AMUCE Owner Type Job TD Contractor ADALGAN MEIL Type Job TD Contractor Contractor Contractor Gal Depth Contractor Contractor Contractor TD Depth Contractor Contractor Contractor Tool Depth Contractor Contractor Contractor Tool Depth Contractor Contractor Contractor Tool Depth Contractor Contractor Contractor Calment Left in Csg. Shoe Joint The above was done to catisfection and supervision of owner agent or contractor Baskink Displace Common TO X Pactor Buikrik No. Contractor Contractor Contractor Buikrik No. Contractor Contractor Contractor JOB SERVICES & REMARKS Hulis Calcium Calcium JOB SERVICES & REMARKS Hulis Calcium Calcium Mouse Hole KCAAL Contralizer		Sec. Twp. Range	County	State	On Location	Finish
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