

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.

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	Sec.	Twp.	Range	County	State	On Location	Finish
6-24	3A	24S	16W	EDWARDS	KL		
Lease	KISSE		Well No.	Location			
Contractor	KADHEGAN WELL SERVICE			Owner			
Type Job	PTB			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.	Charge To			
Csg.	5 1/2		Depth	OIL PRODUCER IN OP 1'			
Tbg. Size	4 3/8		Depth	Street			
Tool			Depth	City			
Cement Left in Csg.			Shoe Joint	State			
Meas Line			Displace	The above was done to satisfaction and supervision of owner agent or contractor.			
EQUIPMENT				Cement Amount Ordered			
				150% WATS 91' GEL			
Pumptrk	No.			Common	90 SC		
Bulktrk	No.			Poz. Mix	60 SC		
Bulktrk	No.			Gel.	516 1b1		
Pickup	No.			Calcium			
JOB SERVICES & REMARKS				Hulls			
Rat Hole	FEET 1000 420			Salt			
Mouse Hole	CLOG 4250 2 SC			Flowseal			
Centralizers	100 2 SC			Kol-Seal			
Baskets	RELEASED 452			Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
Don't hbc in string to RETURNED				Sand			
Pump 4 Bbl 1120 Est C/C				Handling			
MIX Pump 50 SC 60/40 41' GEL				Mileage			
DISO				35 / 5425			
PTD H FEET 420				FLOAT EQUIPMENT			
Hook up to 5 1/2 CSC				Guide Shoe			
MIX Pump 100 SC 60/40 41' GEL				Centralizer			
C/C OUT TO PST				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge			
				Mileage			
				Tax			
				Discount			
				Total Charge			
Signature							