

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.

8576

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	6-27-24	Sec.	6	Twp.	29S	Range	22W	County	Foreo	State	Ks	On Location	Finish
Lease	White	Well No.	2-6		Location								
Contractor	MENDEZ WELL SERVICE				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.		Charge To									
Csg.		Depth		VINCENT OIL CORP									
Tbg. Size	2 3/8	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 150 sac 60/40 4' GEL									
EQUIPMENT				USED 135 sac									
Pumptrk	8	No.		Common 81 sac									
Bulktrk	15	No.		Poz. Mix 54 sac									
Bulktrk		No.		Gel. 464 lbs									
Pickup		No.		Calcium									
JOB SERVICES & REMARKS				Hulls									
Rat Hole		Salt											
Mouse Hole	CIBP 2		5030'										
Centralizers	WT OFF 2		2350'										
Baskets	Mud CLR 48												
D/V or Port Collar	CFL-117 or CD110 CAF 38												
1st Plug 2	1552										Sand		
	50 sac 60/40 4' GEL										Handling 155		
	DISP										Mileage 65 110100		
2nd Plug 2	670										FLOAT EQUIPMENT		
	50 sac 60/40 4' GEL										Guide Shoe		
	DISP										Centralizer		
3rd Plug 2	60										Baskets		
	35 sac 60/40 4' GEL										AFU Inserts		
	Float Shoe												
	LATCH DOWN												
	PTOCH										SERVICE SUP 1EA		
	TOP OFF										LMV 65		
	THANK YOU										Pumptrk Charge PTA		
	PLEASE CALL AGAIN										Mileage 130		
	LODD. MATT PACHA										Tax		
X Signature											Discount		
	Total Charge												