

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.

8532

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	4-8-24 4-10-24	Sec.	7	Twp.	35	Range	15	County	Comber	State	Ks	On Location		Finish		
Lease	Main Top		Well No.		2-9		Location									
Contractor	Quality Well Service						Owner									
Type Job	PTM Pump Bottom						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	T.D.						Charge									
Csg.	4.5		Depth		To Sakon Cementing											
Tbg. Size	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 170 5/8 60/40 42.6-1									
EQUIPMENT																
Pumptrk	No.							Common 105								
Bulktrk	No.							Poz. Mix 65								
Bulktrk	No.							Gel. 1600#								
Pickup	No.							Calcium 100#								
JOB SERVICES & REMARKS																
Rat Hole							Hulls 2x11									
Mouse Hole							Salt									
Centralizers							Flowseal									
Baskets							Kol-Seal									
D/V or Port Collar	4-8-24						Mud CLR 48									
1" Shot tubing 8 1/2 @ 4930'												CFL-117 or CD110 CAF 38				
Pumped 40% 60/40 48 Gel 200#												Sand				
Hulls												Handling 192				
4-10-24												Mileage 80/115,000				
FLOAT EQUIPMENT																
1" Pumpat 10 1/2 Gel 50% 60/40												Guide Shoe				
48 Gel @ 1100												Centralizer				
200 Pumped 50% 60/40 48 Gel												Baskets				
@ 800'												AFU Inserts				
300 Pumped 30% 60/40 48 Gel												Float Shoe				
@ 40' to surface												Latch Down				
												LMV 80				
												Service equipment				
												Pumptrk Charge PTM Pump Bottom				
												Mileage 160				
												Tax				
												Discount				
Dark JP Harem 100												Total Charge				
X Signature																