

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.

8578

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	7-5-24	Sec.	27	Twp.	306	Range	13W	County	Lincoln	State	Ks	On Location		Finish	
Lease	CHELI	Well No.	#1	Location											
Contractor	TAR LLC				Owner										
Type Job	PTH	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.	4 1/2	Depth	Charge To Gopher												
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 1522 60/40 41. GEL												
EQUIPMENT															
Pumptrk	3	No.		Common 91 SK											
Bulktrk	15	No.		Poz. Mix 54 SK											
Bulktrk		No.		Gel. 1069 SK											
Pickup		No.		Calcium											
JOB SERVICES & REMARKS															
Rat Hole														Hulls	
Mouse Hole	CUT OFF 5050'													Salt	
Centralizers	CUT OFF 2 2493'													Flowseal	
Baskets														Kol-Seal	
D/V or Port Collar														Mud CLR 48	
1 st P/B 1140														CFL-117 or CD110 CAF 38	
6 SK GEL														Sand	
522 60/40 41. GEL														Handling 146	
Disp														Mileage 45 / 6570	
FLOAT EQUIPMENT															
2 nd P/B 645														Guide Shoe	
502 60/40 41. GEL														Centralizer	
Disp														Baskets	
3 rd P/B 40														AFU Inserts	
352 60/40 41. GEL														Float Shoe	
CHELI ONE TO P/T														Latch Down	
															Service Sup 1 EA
															LOW 45
															Pumptrk Charge PTA
															Mileage 90
THANK YOU PLEASE CALL NIGHT															Tax
															Discount
															Total Charge
Signature															