

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.

(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.

8577

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	7-3-24	Sec.	6	Twp.	15S	Range	12W	County	Russell	State	Ks	On Location	Finish
Lease	HOPFEL		Well No.		A-3		Location						
Contractor	Alliance Well Service							Owner					
Type Job	PIH							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.	5 1/2		Depth		Charge To Hartman Oil Co. Inc.								
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 300 60/40 4 1/2 GEL								
EQUIPMENT					900 lbs GEL 300 lbs 11 1/2 USED 310 GEL								
Pumptrk	3	No.			Common 1365								
Bulktrk	7	No.			Poz. Mix 1245								
Bulktrk		No.			Gel. 900 lbs								
Pickup		No.			Calcium								
JOB SERVICES & REMARKS					Hulls 300 lbs								
Rat Hole	Perts 1325-700-300				Salt								
Mouse Hole					Flowseal								
Centralizers					Kol-Seal								
Baskets					Mud CLR 48								
D/V or Port Collar					CFL-117 or CD110 CAF 38								
1st Plug 3000'					Sand								
Pump 10 Bbls H2O					Handling 351								
Mix: Pump 95 GEL					Mileage 65 / 15000								
Mix: Pump 75 GEL 60/40 4 1/2 GEL 100 # hulls					FLOAT EQUIPMENT								
Disp					Guide Shoe								
2nd Plug 1330'					Centralizer								
Mix: Pump 100 GEL 60/40 4 1/2 GEL 200 # hulls					Baskets								
Disp					AFU Inserts								
3rd Plug 309'					Float Shoe								
Mix: Pump 135 GEL 60/40 4 1/2 GEL					Latch Down								
CVC out 85/8x 5 1/2 5 1/2x 2 3/8					SERVICE SUPV 1 EA								
PTOAH					LMV 65								
TOP OFF 10 GEL 60/40 4 1/2 GEL					Pumptrk Charge PIH								
THANK YOU					Mileage 130								
PLEASE CALL AGAIN					Tax								
TODD MATT HATHON					Discount								
X Signature Salvador Garcia					Total Charge								