

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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.

8676

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	1-8-25	Sec.	15	Twp.	29S	Range	7W	County	Kingman	State	Ks	On Location		Finish	
Lease	BILKENBAUGH			Well No.	41		Location								
Contractor	MOLHEGAN WELL SERVICE						Owner								
Type Job	PIT						To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cement 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 OIL PRODUCER TRK OF KS.									
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 200 cc Common									
EQUIPMENT															
Pumptrk	3	No.				Common 200 cc									
Bulktrk	10	No.				Poz. Mix									
Bulktrk		No.				Gel.									
Pickup		No.				Calcium 546 lb									
JOB SERVICES & REMARKS															
Rat Hole							Hulls								
Mouse Hole							Salt								
Centralizers	Perfs 4137-4141						Flowseal								
Baskets	Perf d 690-250						Kol-Seal								
D/V or Port Collar							Mud CLR 48								
	Tbgs 4100						CFL-117 or CD110 CAF 38								
	Pump H2						Sand								
	Mik. Pump 25 cc Common 3/4 CC						Handling 2.11								
	Disc H2 1 PTOOH TO 1000						Mileage 43 / 10000								
	2nd PTOOH d 1000						FLOAT EQUIPMENT								
	Pump H2						Guide Shoe								
	Mik. Pump 35 cc Common 3/4 CC						Centralizer								
	Disc 1 PTOOH WOL TAG d 692						Baskets								
	3rd PTOOH d 670						AFU Inserts								
	Mik. Pump 35 cc Common 3/4 CC						Float Shoe								
	Disc						Latch Down								
	Tbgs 4" PTOOH 250						SERVICES SCHEDULE								
	Mik. Pump 65 cc Common 3/4 CC						LW 48								
	Cig out 5/8 close Valve						Pumptrk Charge TTA								
	Mik. Pump 40 cc GOOD BLOW						Mileage 96								
	THANK YOU						Tax								
	PLEASE CALL						Discount								
Signature												Total Charge			