

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.

8687

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	1-30-25	Sec.	1	Twp.	29S	Range	14W	County	Pratt	State	KS	On Location		Finish	
Lease	2000 Unit		Well No.		4		Location								
Contractor	STEELING DRUG B.O. #4							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	82 7/8		T.D.		4730		Charge To PRATER OIL & GAS OPERATIONS								
Csg.			Depth				Street								
Tbg. Size	4 1/2 OI		Depth				City								
Tool			Depth				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 20 1/2 60/40								
EQUIPMENT															
Pumptrk	3	No.					Common 1324								
Bulktrk	12	No.					Poz. Mix 232								
Bulktrk		No.					Gel. 757 1/2								
Pickup		No.					Calcium								
JOB SERVICES & REMARKS															
Rat Hole	20 1/2							Hulls							
Mouse Hole	20 1/2							Salt							
Centralizers								Flowseal							
Baskets								Kol-Seal							
D/V or Port Collar								Mud CLR 48							
R. Plug 24 1/2								CFL-117 or CD110 CAF 38							
Pump 1120								Sand							
1000 Pump 50 x 60/40 4 1/2 Gel								Handling 223							
1000 Pump 50 x 60/40 4 1/2 Gel								Mileage 15 / 2500							
FLOAT EQUIPMENT															
1000 Pump 50 x 60/40 4 1/2 Gel								Guide Shoe							
2000 Pump 50 x 60/40 4 1/2 Gel								Centralizer							
1000 Pump 50 x 60/40 4 1/2 Gel								Baskets							
1000 Pump 50 x 60/40 4 1/2 Gel								AFU Inserts							
1000 Pump 50 x 60/40 4 1/2 Gel								Float Shoe							
1000 Pump 50 x 60/40 4 1/2 Gel								Latch Down							
1000 Pump 50 x 60/40 4 1/2 Gel								SERVICE 500 1/2							
1000 Pump 50 x 60/40 4 1/2 Gel								LAW 15							
1000 Pump 50 x 60/40 4 1/2 Gel								Pumptrk Charge PIH							
1000 Pump 50 x 60/40 4 1/2 Gel								Mileage 30							
												Tax			
												Discount			
												Total Charge			
Signature _____															