

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.

8699

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	2-28-25	Sec.	32	Twp.	33S	Range	10W	County	BARBEE	State	Ks	On Location	Finish
Lease	MAY SPICER		Well No.	2		Location							
Contractor	CO-TOOLS				Owner								
Type Job	PTA				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.		Charge To								
Csg.	5 1/2		Depth		VAL ENERGY INC.								
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 140 5/8 60/40 4% GEL								
EQUIPMENT										10 5/8 GEL ON SIDE			
Pumptrk	3	No.			Common								
Bulktrk	15	No.			Poz. Mix 56 5/8								
Bulktrk		No.			Gel. 982 lbs								
Pickup		No.			Calcium								
JOB SERVICES & REMARKS										Hulls			
Rat Hole					Salt								
Mouse Hole	CIBP 4525'				Flowseal								
Centralizers	Cutoff 3492'				Kol-Seal								
Baskets					Mud CLR 48								
D/V or Port Collar					CFL-117 or CD110 CAF 38								
1 st Plug 600					Sand								
10 5/8 GEL					Handling 150								
Mix: Pump 50 5/8 60/40 4% GEL					Mileage 50 / 7500								
Disp					FLOAT EQUIPMENT								
2 nd Plug 270					Guide Shoe								
Mix: Pump 50 5/8 60/40 4% GEL					Centralizer								
Disp					Baskets								
					AFU Inserts								
					Float Shoe								
3 rd Plug 60					Latch Down								
40 5/8 60/40 4% GEL					SERVICES SW 1 EA								
CIRC CMT TO RET					LNU 50								
					Pumptrk Charge PTA								
					Mileage 100								
					Tax								
					Discount								
					Total Charge								
X Signature	<p>THANK YOU PLEASE CALL AGAIN TODD MAY</p> <p>Deer</p>												