

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.

8693

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	2-27-25	Sec.	1	Twp.	24S	Range	16W	County	EDWARDS	State	Ks	On Location		Finish				
Lease	KEAVES	Well No.	42	Location														
Contractor	Mohegan Well Service														Owner	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.		
Type Job	PTA																	
Hole Size	7 7/8														T.D.			
Csg.	5 1/2														Depth			
Tbg. Size	2 3/8														Depth			
Tool															Depth			
Cement Left in Csg.															Shoe Joint			
Meas Line															Displace			
EQUIPMENT														Charge To		O.L. PRODUCERS INC OF KS		
Pumptrk	3	No.														200' hulls	USED 21054	
Bulktrk	15	No.														Common	126 SK	
Bulktrk		No.														Poz. Mix	84 SK	
Pickup		No.														Gel.	702 lbs	
JOB SERVICES & REMARKS														Calcium				
Rat Hole															Hulls		222 lbs	
Mouse Hole															Salt			
Centralizers	PERFS 1100-250'														Flowseal			
Baskets															Koi-Seal			
D/V or Port Collar															Mud CLR 48			
1st Plug 3500															CFL-117 or CD110 CAF 38			
Pump 1120															Sand			
mk. Pump 30x 60/40 4 1/2 Gel 50' hulls															Handling		267	
Disp															Mileage		35 / 9945	
2nd Plug 2100'															FLOAT EQUIPMENT			
Pump 1120															Guide Shoe			
mix Pump 30x 60/40 4 1/2 Gel 50' hulls															Centralizer			
Disp PTOB 11 PERF 1100-250'															Baskets			
3rd Plug 1100'															AFU Inserts			
50x 60/40 4 1/2 Gel 100' hulls															Float Shoe			
Disp															Latch Down			
4th Plug 250'															SERVICE Spv		1 EA	
60x ckt out 5 1/2 PTOB															LMV		35	
Hook up to 5 1/2 csg															Pumptrk Charge		PTA	
35x 60/40 4 1/2 Gel															Mileage		70	
c. 34x opt 9519															Tax			
Signature														Discount				
														Total Charge				