

**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.

8724

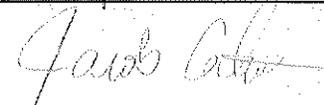
Federal Tax I.D. # 481187368

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	3-26-25	Sec.	11	Twp.	31S	Range	13W	County	BARBER	State	KI	On Location		Finish	
Lease	SE MAODIX		Well No.	1-11		Location									
Contractor	CO-TOOLS					Owner									
Type Job	DTA					To Quality Well Service, Inc.									
Hole Size	7 7/8					You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.									
Csg.						Depth	Charge To								
Tbg. Size	2 7/8					Depth	JAL ENERGY INC								
Tool						Depth	Street								
Cement Left in Csg.						Shoe Joint	City								
Meas Line						Displace	State								
						The above was done to satisfaction and supervision of owner agent or contractor.									
						Cement Amount Ordered 130 60/40 4 1/2 GEL									
<b>EQUIPMENT</b>						10 5/8 GEL ON SING									
Pumptrk	3	No.				Common 78 SK									
Bulktrk	15	No.				Poz. Mix 52 SK									
Bulktrk		No.				Gel. 947 lbs									
Pickup		No.				Calcium									
<b>JOB SERVICES &amp; REMARKS</b>						Hulls									
Rat Hole						Salt									
Mouse Hole	CIBPD 4260'					Flowseal									
Centralizers	C/OFFD 3312					Kol-Seal									
Baskets						Mud CLR 48									
D/V or Port Collar						CFL-117 or CD110 CAF 38									
1 <sup>ST</sup> Plug 690'						Sand									
10 5/8 GEL						Handling 140									
50 SK 60/40 4 1/2 GEL						Mileage 20 / 375									
DISP						<b>FLOAT EQUIPMENT</b>									
2 <sup>ND</sup> Plug 270'						Guide Shoe									
50 SK 60/40 4 1/2 GEL						Centralizer									
DISP						Baskets									
3 <sup>RD</sup> Plug 62'						AFU Inserts									
30 SK 60/40 4 1/2 GEL						Float Shoe									
ONE OUT TO KIT						Latch Down									
						SERVICE EXP 1EA									
						LNU 20									
						Pumptrk Charge P/M									
						Mileage 40									
						<div style="text-align: right;">  </div>									
						Discount									
						Total Charge									
X Signature	<div style="text-align: center;"> <p>THANK YOU</p> <p>PLEASE CALL AGAIN</p> <p>FROM MART ADAMS</p> </div>														