

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.

8716

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 <u>3-31-25</u>	Sec. <u>10</u>	Twp. <u>31S</u>	Range <u>13W</u>	County <u>BARBER</u>	State <u>KI</u>	On Location	Finish
Lease <u>MADDIX</u>	Well No. <u>1-10</u>		Location				
Contractor <u>CO-TOOLS</u>				Owner			
Type Job <u>PTM</u>				To Quality Well Service, Inc.			
Hole Size <u>7 7/8</u>	T.D.			You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Csg. <u>5 1/2</u>	Depth			Charge To <u>VAL ENERGY INC</u>			
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 <u>160x 60/40 4 1/2 GEL</u>			
EQUIPMENT				<u>10x GEL ON SIDE USED 130x</u>			
Pumptrk <u>3</u> No.				Common <u>795x</u>			
Bulktrk <u>12</u> No.				Poz. Mix <u>525x</u>			
Bulktrk No.				Gel. <u>947 lbs</u>			
Pickup No.				Calcium			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole <u>CIBP 4220'</u>				Flowseal			
Centralizers <u>CT OFF 3300'</u>				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
<u>1st Plug 640'</u>				Sand			
<u>10x Gel</u>				Handling <u>140</u>			
<u>50x 60/40 4 1/2 Gel</u>				Mileage <u>25 / 4000</u>			
<u>Disp</u>				FLOAT EQUIPMENT			
<u>2nd Plug 270'</u>				Guide Shoe			
<u>50x 60/40 4 1/2 Gel</u>				Centralizer			
<u>Disp</u>				Baskets			
<u>3rd Plug 40'</u>				AFU Inserts			
<u>30x 60/40 4 1/2 Gel</u>				Float Shoe			
<u>Circ Cut TO PIT</u>				Latch Down			
				<u>SERVICE SUPV 1 EA</u>			
				<u>LHV 25</u>			
				Pumptrk Charge <u>PTM</u>			
				Mileage <u>50</u>			
<u>THANK YOU</u>				<div style="text-align: right;"> Tax Discount Total Charge </div>			
<u>PLEASE CALL AGAIN</u>							
<u>TODD MONTAGNA</u>							
X Signature							