

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.

8716

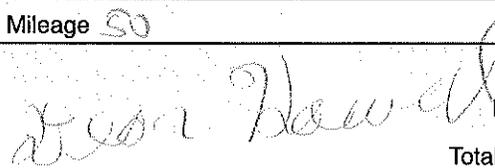
Federal Tax I.D. # 481187368

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	3-31-25	Sec.	10	Twp.	31S	Range	13W	County	BARNEK	State	KI	On Location		Finish										
Lease	MADDIX	Well No.	1-10			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 160x 60/40 4 1/2 GEL																	
EQUIPMENT							10x GEL ON SIDE USED 130x																	
Pumptrk	3	No.				Common 79x																		
Bulktrk	12	No.				Poz. Mix 52x																		
Bulktrk		No.				Gel. 947 lbs																		
Pickup		No.				Calcium																		
JOB SERVICES & REMARKS							Hulls																	
Rat Hole							Salt																	
Mouse Hole	CEBP d 4220'						Flowseal																	
Centralizers	Ct OFF d 3300'						Kol-Seal																	
Baskets							Mud CLR 48																	
D/V or Port Collar							CFL-117 or CD110 CAF 38																	
1st Plug d 640'							Sand																	
10x Gel							Handling 140																	
50x 60/40 4 1/2 Gel							Mileage 25 / 4000																	
Disp							FLOAT EQUIPMENT																	
2nd Plug d 270'							Guide Shoe																	
50x 60/40 4 1/2 Gel							Centralizer																	
Disp							Baskets																	
3rd Plug d 40'							AFU Inserts																	
30x 60/40 4 1/2 Gel							Float Shoe																	
Circ Cnt TO PIT							Latch Down																	
							SERVICE Supv 1 EA																	
							LNV 25																	
							Pumptrk Charge PTA																	
							Mileage 50																	
																								
																Tax								
																Discount								
X Signature							Total Charge																	