

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.

8720

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	4-16-25	Sec.	15	Twp.	29S	Range	20W	County	KIOWA	State	KS	On Location		Finish	
Lease	KADER		Well No.		#1		Location								
Contractor	MOHEGAN WELL SERVICE								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.												
Csg.	4 1/2		Depth		Charge To OIL PRODUCERS INC OF KS										
Tbg. Size	2 3/8		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 270 SK 60/40 4 1/2 GEL										
EQUIPMENT													300" hulls on side 100 SK		
Pumptrk	3	No.			Common 162155 = 217 SK										
Bulktrk	15	No.			Poz. Mix 100 SK										
Bulktrk		No.			Gel. 9.25"										
Pickup		No.			Calcium - 5"										
JOB SERVICES & REMARKS													Hulls 225 lb		
Rat Hole	Perf 1375' - 690								Salt						
Mouse Hole									Flowseal						
Centralizers									Kol-Seal						
Baskets									Mud CLR 48						
D/V or Port Collar									CFL-117 or CD110 CAF 38						
1st Plug & 5000' Bottom Plug								Sand							
Pump H2O								Handling 334 334							
mix Pump 30 SK 60/40 4 1/2 GEL 100" hulls								Mileage 50 / 16,000							
Diso PTOOH Perf & 1375'								FLOAT EQUIPMENT							
2nd Plug & 1350'								Guide Shoe							
mix Pump 25 SK 60/40 4 1/2 GEL								Centralizer							
mix Pump 25 SK 125" hulls								Baskets							
Diso PTOOH								AFU Inserts							
3rd Plug & 625'								Float Shoe							
mix Pump 42 SK 4 1/2 x 2 3/8 CIA								Latch Down							
mix Pump 148 SK Don't call out								SERVICE SUPV 1 ED							
PTOOH 295' on loc 2-17-25								LMN 50							
Tbg & 220								Pumptrk Charge PTA / 2nd Well							
15 SK Com 4 1/2 Csg								Mileage 100							
40 SK 8 5/8 Csg total 55 SK								Tax							
Thank you PLEASE CALL AGAIN								Discount							
Signature: [Signature]								Total Charge							