

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.

8836

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	11-26-25	Sec.	32	Twp.	15	Range	13	County	Russell	State	KS	On Location		Finish	
Lease	Michaelis	Well No.	4	Location											
Contractor	Quality 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									T.D.						
Csg.	5.5								Depth						
Tbg. Size									Depth						
Tool									Depth						
Cement Left in Csg.									Shoe Joint						
Meas Line									Displace						
								Charge To							
								Street							
								City							
								State							
								The above was done to satisfaction and supervision of owner agent or contractor.							
								Cement Amount Ordered							
EQUIPMENT															
Pumptrk	8	No.													
Bulktrk	15	No.													
Bulktrk		No.													
Pickup		No.													
				Common											
				Poz. Mix											
				Gel.											
				Calcium											
				Hulls											
JOB SERVICES & REMARKS															
Rat Hole				Salt											
Mouse Hole				Flowseal											
Centralizers				Kol-Seal											
Baskets				Mud CLR 48											
D/V or Port Collar				CFL-117 or CD110 CAF 38											
1st Pumped 125sr 60/40 48 601				Sand											
200 # hulls @ 1575				Handling											
				Mileage											
2nd Pumped 50 sr 60/40 48 601				FLOAT EQUIPMENT											
100 # hulls @ 880				Guide Shoe											
				Centralizer											
3rd Pumped 110sr 60/40 48 601				Baskets											
445 100 # hulls @ 445 to surface				AFU Inserts											
				Float Shoe											
				Latch Down											
				LMV 70											
				Service supervisor											
				Pumptrk Charge											
				Mileage											
												Tax			
												Discount			
												Total Charge			
Signature															

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