

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.

8804

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	11-4-25	Sec.	28	Twp.	34S	Range	11W	County	Barber	State	Ks.	On Location		Finish	
Lease	Maxton-Kubill		Well No.	6-23		Location									
Contractor	CLARK WELL SERVICE					Owner									
Type Job						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.	5 1/2		Depth			Charge To VAL ENERGY									
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 1500 60/40 4 1/2 GEL									
EQUIPMENT						1054 GEL = 500 lbs VEG 1354									
Pumptrk	3	No.				Common 9 1/2									
Bulktrk	15	No.				Poz. Mix 54 5K									
Bulktrk		No.				Gel. 964 lbs									
Pickup		No.				Calcium									
JOB SERVICES & REMARKS						Hulls									
Rat Hole						Salt									
Mouse Hole	CEBP 4630'					Flowseal									
Centralizers	cut off 3467 3139					Kol-Seal									
Baskets						Mud CLR 48									
D/V or Port Collar						CFL-117 or CD110 CAF 38									
1st Plug 598						Sand									
1054 GEL						Handling 145									
500 60/40 4 1/2 GEL						Mileage 45 / 6525									
0140						FLOAT EQUIPMENT									
2000 Plug 252'						Guide Shoe									
300 60/40 4 1/2 GEL						Centralizer									
0140						Baskets									
						AFU Inserts									
						Float Shoe									
3000 Plug 63'						Latch Down									
350 60/40 4 1/2 GEL						SERVICE Sep 1 EA									
500 CAF 10 FT						LAW 45									
MOON JAMES Fall						Pumptrk Charge PA									
THANK YOU						Mileage 40									
Home (bill) 11/11/11															
Don't want service 11/11/11															
X Signature															
											Tax				
											Discount				
											Total Charge				