

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.

8802

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	Sec.	Twp.	Range	County	State	On Location	Finish
10-29-85	21	34S	11W	Barber	Ks		
Lease Parton Kibik Inc		Well No. 1721		Location			
Contractor Clark Well Service				Owner			
Type Job PTA				To Quality Well Service, Inc.			
Hole Size 7 7/8				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Csg.				Depth			
Tbg. Size				Depth			
Tool				Depth			
Cement Left in Csg.				Shoe Joint			
Meas Line				Displace			
EQUIPMENT				Charge To UNL ENERGY TAX			
				Street			
JOB SERVICES & REMARKS				City			
				State			
Rat Hole				The above was done to satisfaction and supervision of owner agent or contractor.			
Mouse Hole				Cement Amount Ordered 100 x 60/40 4/1 Cel			
Centralizers				104 Cel = 500 lbs UNL 135 4			
Baskets				Common 81 SA			
D/V or Port Collar				Poz. Mix 54 SA			
1st Hole 598'				Gel. 964 lbs			
1st Cel				Calcium			
50 SA 60/40 4/1 Cel				Hulls			
Disp				Salt			
2nd Hole 238'				Flowseal			
50 SA 60/40 4/1 Cel				Kol-Seal			
Disp				Mud CLR 48			
3rd Hole 64'				CFL-117 or CD110 CAF 38			
135 SA 60/40 4/1 Cel				Sand			
Circ. Cont TO 135				Handling 189			
THANK YOU				Mileage 45 / 1200			
PLEASE CALL IN ADVANCE				FLOAT EQUIPMENT			
TODAY ONLY JACKSON				Guide Shoe			
X Signature				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				SEWAGE 500 1 Cel			
				LNU 45			
				Pumptrk Charge 110			
				Mileage 45			
				Tax			
				Discount			
				Total Charge			