

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.

8886

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
4-29-26	4	31	13	Baker	Ks		
Lease	Maddix trust		Well No.	1			
Contractor				Quality Well Service			
Type Job	PTA			Owner			
Hole Size	T.D.			To Quality Well Service, Inc.			
Csg.	5.5			You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Tbg. Size	Depth			Charge To			
Tool	Depth			Sokan			
Cement Left in Csg.	Shoe Joint			Street			
Meas Line	Displace			City			
EQUIPMENT				State			
Pumptrk	No.			Cement Amount Ordered			
Bulktrk	No.			175ss 60/40 48 6el			
Bulktrk	No.			5ss 6el on side			
Pickup	No.			Common 110			
JOB SERVICES & REMARKS				Poz. Mix 65			
Rat Hole				Gel. 1100 #			
Mouse Hole				Calcium 200 #			
Centralizers				Hulls			
Baskets				Salt			
D/V or Port Collar				Flowseal			
1 st Pumped	5ss 6el 50ss 60/40			Kol-Seal			
48 6el @ 830				Mud CLR 48			
2 nd Pumped	75ss 60/40 48 6el			CFL-117 or CD110 CAF 38			
@ 430				Sand			
3 rd Pumped	40ss 60/40 48 6el			Handling 190			
@ 40 to surface				Mileage 30/5700			
4 th Topped well off with 10ss	60/40 48 6el			FLOAT EQUIPMENT			
				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				LMV 30			
				Source supervisor			
				Pumptrk Charge PTA			
				Mileage 60			
				Tax			
				Discount			
				Total Charge			
X Signature							