

**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  
December 2003  
**Type or Print on this Form**  
Form must be Signed  
All blanks must be Filled

Lease Operator: Quality Well Service, Inc.  
 Address: 401 W Main, Lyons, KS 67554  
 Phone: (620) 727-3410 Operator License #: 31925  
 Type of Well: Gas Docket #: \_\_\_\_\_  
 (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)  
 The plugging proposal was approved on: \_\_\_\_\_ (Date)  
 by: \_\_\_\_\_ (KCC District Agent's Name)  
 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 Number: 15-151-30190-00-00  
 Lease Name: Stonestreet  
 Well Number: 1  
 Spot Location (QQQQ): \_\_\_\_\_ - C - SE - NE  
3300 Feet from  North /  South Section Line  
660 Feet from  East /  West Section Line  
 Sec. 11 Twp. 28 S. R. 15  East  West  
 County: Pratt  
 Date Well Completed: \_\_\_\_\_  
 Plugging Commenced: 10-21-05  
 Plugging Completed: 10-24-05

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
				8 5/8	316	
				5 1/2	4575	2630'

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.

Sand at 4100', bailed 5 sacks cement, ripped pipe at 3000', 2630', came free, pulled to 950', pumped 12 gel & 50 sacks cement, pulled to 330', pumped 50 sacks, pulled to 40', pumped 10 sacks.

Name of Plugging Contractor: Quality Well Service, Inc. License #: 31925  
 Address: 401 West Main, Lyons, KS 67554  
 Name of Party Responsible for Plugging Fees: Quality Well Service, Inc.  
 State of \_\_\_\_\_ County, \_\_\_\_\_, ss.

**RECEIVED**  
**KANSAS CORPORATION COMMISSION**  
**NOV 07 2005**  
**CONSERVATION DIVISION**  
**WICHITA, KS**

\_\_\_\_\_  
 (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.

(Signature) [Signature]  
 (Address) 1102 S CLARK LYONS KS 67554

SUBSCRIBED and SWORN TO before me this 5<sup>th</sup> day of November, 2005  
[Signature] My Commission Expires: \_\_\_\_\_  
 Notary Public

**JUDITH A. TATLOCK**  
 Notary Public - State of Kansas  
 My Appt. Expires 5-26-06

[Handwritten mark]