

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.

7498

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	9-3-20	Sec.	13	Twp.	34	Range	12	County	Barber	State	KS	On Location	Finish
Lease	Harbaugh		Well No.		1		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.	4 1/2		Depth						Charge To				Woolsey
Tbg. Size	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						165cy 60/40 4 2 62
EQUIPMENT							10 cy Gel on site						
Pumptrk	3	No.					Common						100
Bulktrk	15	No.					Poz. Mix						65
Bulktrk		No.					Gel.						1600
Pickup		No.					Calcium						100
JOB SERVICES & REMARKS							Hulls						
Rat Hole							Salt						
Mouse Hole							Flowseal						
Centralizers							Kol-Seal						
Baskets							Mud CLR 48						
D/V or Port Collar							CFL-117 or CD110 CAF 38						
15' Pumped							10cy Gel 50cy						
60/40 4 1/2 Gel @ 600'							Sand						
							Handling						103.0
							Mileage						35
2nd Pumped							FLOAT EQUIPMENT						
75cy 60/40 4 1/2							Guide Shoe						
Gel @ 295'							Centralizer						
							Baskets						
2nd Pumped							AFU Inserts						
40cy 60/40 4 1/2							Float Shoe						
Gel @ 40' to surface							Latch Down						
							LMV 35						
							Service Supervisor						
							Pumptrk Charge						PTA
							Mileage						70
							Tax						
							Discount						
							Total Charge						
X Signature													