KOLAR Document ID: 1707655

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 #:				API No.	15				
Name:				Spot Description:					
Address 1:				Sec Twp S. R East West					
Address 2:				Feet from North / South Line of Section					
City:	State:	Zip: +	.	Feet from East / West Line of Section					
Contact Person:				Footages Calculated from Nearest Outside Section Corner:					
Phone: ()					NE NW	SE SW			
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		County: Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)					
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)			
Depth to	Top: Botto	m: T.D		Plugging Commenced:					
Depth to	Top: Botto	m: T.D		Plugging Completed:					
Depth to	Top: Botto	m:T.D	'	i iuggiiis	g completed.				
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Re	cord (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If			
Plugging Contractor License #		Name:	:						
Address 1:			Address 2:	s 2:					
City:		;	State:		Zip:+				
Phone: ()									
Name of Party Responsible for	r Plugging Fees:								
State of	County, _			, SS.					
	·				Employee of Operator or	Operator on above described			
(Print Name)					imployee 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.

8243

QUALITY WELL SERVICE, INC. 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

	Sec.	Twp.	Range		County	State	On Location	Finish			
Date 2 - 22 - 23	12	29	10	K	gmen	KS					
Lease Talan Esto	te N	ell No.		Locati	tion						
Contractor Ocal Well Course				Owner							
Type Job				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish							
Hole Size		T.D.		cementer and helper to assist owner or contractor to do work as listed.							
Csg. 4 5	Depth			Charge To Characteria							
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 27554 (complex)							
EQUIPMENT											
Pumptrk No.				Common							
Bulktrk No.					Poz. Mix						
Bulktrk No.					Gel.						
Pickup No.					Calcium /60 #						
JOB SE	RVICES	& REMA	RKS		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						
151 Punner) 505 (compren 32 61 2					Sand						
1550 togged plus 2 1150					Handling 277						
	-	1			Mileage 3	5					
200 Auror 3554 Corner D 950					FLOAT EQUIPMENT						
/					Guide Shoe						
30 Punned 1905, Compren 2 380					Centralizer						
to surface					Baskets						
					AFU Inserts						
					Float Shoe						
					Latch Down						
					LMV 35						
					Survice Supervisie						
					Pumptrk Charge PTA						
					Mileage 70						
						Tax					
				100 100		Discount					
X Signature						Total Charge					