



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1273271
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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

QUALITY WELL SERVICE, INC.

Federal Tax I.D. # 481187368

6473

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	11-16-15	Sec.	36	Twp.	28	Range	23	County	Ford	State	KS	On Location	Finish
Lease	McCarty	Well No.	1-36		Location								
Contractor	Quality Well Service				Owner								
Type Job	Pumped Bottom / 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.				Charge To								
Csg.	55				To Vincent								
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 205 x 60/40 4 1/2 Gal								
EQUIPMENT										105 x 60 on side			
Pumptrk	8	No.	Mike		Common 125								
Bulktrk	9	No.	File		Poz. Mix 80								
Bulktrk		No.			Gel. 17								
Pickup		No.			Calcium 1								
JOB SERVICES & REMARKS										Hulls 200			
Rat Hole					Salt								
Mouse Hole					Flowseal								
Centralizers					Kol-Seal								
Baskets					Mud CLR 48								
D/V or Port Collar					CFL-117 or CD110 CAF 38								
Hooked up to 55 csg pumped										Sand			
25 x 60/40 4 1/2 Gal 200 # Hulls 3%										Handling 227			
Displace with 132 hull H 1/2 to										Mileage 50			
5200' shut in 1500 psi										FLOAT EQUIPMENT			
										Guide Shoe			
1st Pumped 50 x 60/40 4 1/2 Gal @ 1530'										Centralizer			
										Baskets			
										AFU Inserts			
2nd Pumped 50 x 60/40 4 1/2 Gal @ 690'										Float Shoe			
										Latch Down			
										LMV 50			
3rd Pumped 50 x 60/40 4 1/2 Gal @ 450'										Service Supervisor			
										Pumptrk Charge Pumped Bottom / PTA			
										Mileage 50 x 2			
4th Pumped 30 x 60/40 4 1/2 Gal @ 40' to surface										Tax			
X Signature										Discount			
										Total Charge			

Quality Well Service, Inc.

Invoice

**324 Simpson St.
Pratt, KS 67124**

Date	Invoice #
11/18/2015	C-1376

Bill To
Vincent Oil Corporation 155 N. Market St. #700 Wichita, KS 67202

P.O. No.	Terms	Lease Name
		McCarty #1-36

Description	Qty	Rate	Amount
Common	125	15.50	1,937.50T
Poz	80	9.50	760.00T
Gel	17	22.00	374.00T
Calcium	1	60.00	60.00T
Hulls	2	45.00	90.00T
Plug/Pumped Bottom	1	950.00	950.00T
Handling	227	2.10	476.70T
.08 * sacks * miles	8,500	0.08	680.00T
Service Supervisor	1	150.00	150.00T
LMV	50	3.75	187.50T
Heavy Equipment Mileage	100	8.00	800.00T
Customer Discount		-2,456.96	-2,456.96
Discount Expires after 30 days from the date of the invoice		0.00	0.00
McCarty #1-36			
Ford Co.			

Thank You for your business & Happy Holidays!	Subtotal	\$4,008.74
	Sales Tax	\$326.71
	Total	\$4,335.45