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

1348206

Employee of Operator or Operator on above-described well,

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

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 Nea	rest Outside Section Corner:			
Phone: ()		□ NE □ NW	SE SW			
Producing Formation(s): List All (If needed attach another seeded	SWD Permit #: rage Permit #: log attached? Yes No sheet) m: T.D m: T.D m: T.D	Lease Name: Date Well Completed: The plugging proposal was app by: Plugging Commenced:	ne: Well #: (Date (KCC District Agent's Name ommenced: ompleted:			
Oil, Gas or Water Records		Record (Surface, Conductor & Proc	fuction)			
Formation Content	Casing Size	Setting Depth	Pulled Out			
Describe in detail the manner in which the well is plugge cement or other plugs were used, state the character of s	•	•	ods used in introducing it into the hole. If			

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.

_____ Address 2: ____

_____ County, ______ , ss.

Plugging Contractor License #: ______ Name: ____

(Print Name)

Name of Party Responsible for Plugging Fees:



TICKET

2772

1023 Reservation Road • Hays, Kansas 67601 • (785) 625-1182

	00	-		,		, , ,		[Date 2	-17-	2017	,
Charge To:	150		Dero	ting	, 1	LLC						
Address:			1	- 1								
Lease and We	II No. Ho	5let	+ 1				Field			- 1	,	_
Nearest Town								Somi	er s	State K	anso	15
Customer's Order No.							Sec. 28 Twp. 335 Range 2 =					
Zero Casi							sing Size 41/2 Weight					
Customer's T.D Gemin						ni Wireline T.D. Fluid Level 625						
Engineer	S.Cr	16216	21/		Оре	erator		5,0	olem	91		_
	Pe	rforations				Truck Rental						
Code Reference	From	То	Number Of Holes	Amount		Code Reference	Uni	t	File Name		Amount	
400	300	301	4	90000		100 T922		1	500	∞		
						Ondo	Services					-
						Code Reference	From	То	No. Feet	Price Per Ft.	Amoun	t
						501	0	3310	3310	min	1500	00
						502	41/2	CIBP	3310	min	900	00
	-					504	25x	Bailer	3310	min	1000	00
						501	0	1025	1025	min	1500	90
						502	41/2	CIBP	1025	min	900	30
						504	25X	Bailer	1025	min	1000	30
										^		
									Book	Vice	9200	00
	Mate	rial Inventory							n	0.	0115-	
									DISC	Hice	2450	∞
										Subtotal		
										Tax		
										TOTAL		
Received the	above service	according to	the terms a	nd conditions	sspe	cified below,	which we h	nave read	and to which	h we her	eby agree	
Customer		1177	Caro									

General Terms and Conditions

- (1) All accounts are to be paid within the terms fixed by Gemini Wireline invoices and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice. Interest, Attorney, Court, Filing and other fees will be added to accounts turned to collections.
- (2) Because of the uncertain conditions existing in a well which are beyond the control of Gemini Wireline, it is understood by the customer that Gemini Wireline, cannot guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.
- (3) Should any of Gemini Wireline instruments be lost or damage in the performance of the operations requested the customer agrees to make every reasonable effort to recover same, and to reimburse Gemini Wireline, for the value of the items which cannot be recovered, or the cost of repairing damage to items recovered.
- (4) It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees and customer hereby certifies that the zones, as shot were approved.
- (5) The customer certifies that it has the full right and authority to order such work on such well and that the well in which the work is to be done by Gemini Wireline is in proper and suitable conditions for the performance of said work.
- (6) No employee is authorized to alter the terms or conditions of this agreement.

QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

6604

Taylor Printing, Inc.

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

	Sec.	Twp.	Range		County	State	On Location	Finish		
Date 2-17-17	28	53	2	Sur	nner	K5	9:30 m	11:00		
Lease Haslet	Lease Haslet Well No. / Location									
Contractor 2777				Owner						
Type Job PTH					ell Service, Inc. by requested to rent	cementing equipmen	t and furnish			
Hole Size T.D.				cementer and helper to assist owner or contractor to do work as listed.						
Csg. 4.5		Depth			Charge R 5 Operation					
Tbg. Size		Depth			Street					
Tool		Depth			City					
Cement Left in Csg.		Shoe Jo	oint		The above was done to satisfaction and supervision of owner agent or co					
Meas Line		Displace	е		Cement Amo	unt Ordered	ex commo	1		
	EQUIPM	MENT			1250 120 5x common.					
Pumptrk 8 No.	1258				Common					
Bulktrk / No.	136	, , ,			Poz. Mix					
Bulktrk No.					Gel.					
Pickup No.				Calcium 25.						
JOB SEI	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					
Today 150	6 3	0000	-: hald		Sand					
		*			Handling					
1º Penino 12			0 39 6	C	Mileage					
circulated put 878					FLOAT EQUIPMENT					
					Guide Shoe					
					Centralizer					
					Baskets					
					AFU Inserts					
					Float Shoe					
					Latch Down					
					Pumptrk Charge					
					Mileage					
							Tax			
							Discount			
X Signature							Total Charge			