

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.

6915

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	8-29-13	Sec.	27	Twp.	29	Range	26	County	Kingman	State	Ks	On Location		Finish			
Lease	ZOELLER	Well No.	1	Location													
Contractor	QWS											Owner					
Type Job	PTA											To Quality Well Service, Inc.					
Hole Size	7 7/8											You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
Csg.	4 1/2											Depth	2030'				
Tbg. Size												Charge To	Vess Oil Corp				
Tool												Depth					
Cement Left in Csg.												Street					
Meas Line												City	State				
EQUIPMENT											The above was done to satisfaction and supervision of owner agent or contractor.						
Pumptrk	8	No.	75											Cement Amount Ordered		252 1/2 4341 47 Gal	
Bulktrk	10	No.	DZCCK											Dis Gel 21500 2500			
Bulktrk		No.												Common		123	
Pickup		No.												Poz. Mix		30	
JOB SERVICES & REMARKS											Gel.		17				
Rat Hole											Calcium		2				
Mouse Hole											Hulls						
Centralizers											Salt						
Baskets											Flowseal						
D/V or Port Collar											Kol-Seal						
1st Plug 1205 109 Gal 50' down 3/4"											Mud CLR 48						
12 1/2 Gal											CFL-117 or CD110 CAF 38						
5/8" down 3/4"											Sand						
2' Plug 750 359											Handling		229				
Min. Pump 25 50' down											Mileage		35				
3rd Plug 200											FLOAT EQUIPMENT						
120 1/2 down											Guide Shoe						
											Centralizer						
											Baskets						
											AFU Inserts						
											Float Shoe						
											Latch Down						
											SERVICE SUPERVISOR						
											LMV 35						
Thank You											Pumptrk Charge		ATL				
PLEASE CALL PERIN											Mileage		70				
DZCCK 75 1205											Tax						
X Signature											Discount						
											Total Charge						

Quality Wireline Services, LLC

Service Order No.
0287

360 N. Hwy 281 • P.O. Box 468 • Pratt, Kansas 67124 • 620-388-2309 or 620-727-6964 • Fax 620-672-3663

Date 8-27-2018

Company <u>Quality Well Service Vess Oil</u>		Client Order # <u>OW</u>	
Billing Address	City	State	Zip
Lease & Well # <u>zoeller #1</u>	Field Name		Legal Description (coordinates) <u>27-285-8W</u>
County <u>Kingman</u>	State <u>Kansas</u>	Casing Size <u>4 1/2</u>	Casing Weight
Fluid Level (surface) <u>Full</u>	Reading From	Customer T.D.	Quality Wire Line T.D.
Engineer <u>S. Chesney</u>	Operator <u>J. Coleman</u>	Operator	Unit#

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<u>4 1/2 Plug</u>			<u>4040</u>		<u>900.00</u>
	<u>Setting Charge</u>			<u>0</u>	<u>4040</u>	<u>1500.00</u>
	<u>2 sk Bailer</u>			<u>0</u>	<u>4040</u>	<u>1000.00</u>
	<u>4 1/2 Casing Cut</u>			<u>0</u>	<u>2034</u>	<u>2500.00</u>
	<u>Service Charge</u>					<u>1500.00</u>

SUBTOTAL	<u>15600.00 7400.00</u>
DISCOUNT	<u>4750.00</u>
SUBTOTAL	<u>2650.00</u>
TAX	<u>190.00</u>
NET TOTAL	<u>2840.00</u>

Customer _____