KOLAR Document ID: 1426475

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 Tw	vp S. R East West							
Address 2:					Feet from								
City:				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) 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				County: Well #: Date Well Completed: 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: Bottom: T.D				Plugging Commenced:		
Depth to Top: Bottom: 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 Record (Surface, Conductor & Production)			tion)							
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:	ie:									
Address 1:			Address 2:										
City:			;	State:		Zip:+							
Phone: ()													
Name of Party Responsible fo	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.

Quality Well Service, Inc.

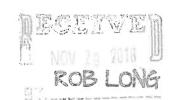
PO Box 468 Pratt, KS 67124

Invoice

Date	Invoice #			
11/19/2018	C 1894			

Bill To

F.G. Holl Company LLC PO Box 308 Ellinwood, KS 67526 Attn: Rob Long



P.O. No. Terms Lease Name Drew OWWO #1-8 Qtv Rate Description Amount Common 190 120 Poz Gel 11 Calcium 2 Plug 1 Handling 323 .08 * sacks * miles 12,000 Service Supervisor 240105 1 LMV 40 Heavy Equipment Mileage Customer Discount Discount Expires after 30 days from the date of the invoice Drew OWWO #1-8 Stafford Co. Thank You for your business! Subtotal Sales Tax (7.5%) Total