

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.

7001

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	11-6-18	Sec.	6	Twp.	21	Range	14	County	Stafford	State	KS	On Location		Finish		
Lease	Beagley B	Well No.	1-6		Location											
Contractor	Quality Well Service							Owner								
Type Job	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.	4.5							F.G. Hall								
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 330sx 60/40 4% Gel.								
EQUIPMENT																
Pumptrk	6	No.					Common 200									
Bulktrk	7	No.					Poz. Mix 130									
Bulktrk		No.					Gel. 11									
Pickup		No.					Calcium									
JOB SERVICES & REMARKS																
Rat Hole								Hulls								
Mouse Hole								Salt								
Centralizers								Flowseal								
Baskets								Kol-Seal								
D/V or Port Collar								Mud CLR 48								
1st Pumped	25sx 60/40 4% Gel @ 1800'							CFL-117 or CD110 CAF 38								
								Sand								
								Handling 341								
								Mileage 35								
2nd Shot tubing off @ 1550'								FLOAT EQUIPMENT								
pumped 20sx 60/40 4% Gel.								Guide Shoe								
11-8-18								Centralizer								
								Baskets								
1st Pumped	180sx 60/40 4% Gel @ 890' circulated out 4.5 csg.							AFU Inserts								
								Float Shoe								
								Latch Down								
2nd Hooked up to 4.5 csg pumped								LMV 35								
10S sx 60/40 4% Gel circulated to surface.								Service supervisor								
								Pumptrk Charge PTA								
								Mileage 70								
												Tax				
												Discount				
												Total Charge				
X Signature																

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
12/5/2018	C-1905

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

P.O. No.	Terms	Lease Name
		Beagley B #1-6

Description	Qty	Rate	Amount
Common	200	15.50	3,100.00T
Poz	130	9.50	1,235.00T
Gel	11	22.00	242.00T
Plug	1	950.00	950.00T
Handling	341	2.10	716.10T
.08 * sacks * miles	11,900	0.08	952.00T
Service Supervisor	1	150.00	150.00T
LMV	35	3.75	131.25T
Heavy Equipment Mileage	70	8.00	560.00T
Customer Discount		-2,250.17	-2,250.17
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Beagley B #1-6 Stafford Co.			
Subtotal			\$5,786.18
Sales Tax (7.5%)			\$433.96
Total			\$6,220.14