

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.

**PO Box 468
Pratt, KS 67124**



Invoice

Date	Invoice #
12/4/2018	C-1904

Bill To
Vess Oil Corporation 1700 Waterfront PKWY BLDG. 500 Wichita, KS 67206-6619

P.O. No.	Terms	Lease Name
		Stewart #1

Description	Qty	Rate	Amount
Common	85	15.50	1,317.50T
Poz	50	9.50	475.00T
Gel	15	22.00	330.00T
Calcium	2	60.00	120.00T
Plug	1	950.00	950.00T
Handling	152	2.10	319.20T
.08 * sacks * miles	7,600	0.08	608.00T
Service Supervisor	1	150.00	150.00T
LMV	50	3.75	187.50T
Heavy Equipment Mileage	100	8.00	800.00T
Customer Discount		-1,314.30	-1,314.30
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Stewart #1 Barber Co.			

Thank You for your business & Happy Holidays!	Subtotal	\$3,942.90
	Sales Tax (7.5%)	\$295.72
	Total	\$4,238.62

QUALITY WELL SERVICE, INC.

6992

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	11-27-18	Sec.	18	Twp.	33	Range	10	County	Pratt	State	KS	On Location		Finish			
Lease	Shoart	Well No.	1	Location													
Contractor	Quality Well Service											Owner					
Type Job	PTH											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.					
Csg.	4.5											Depth			Charge To	VCS	
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 1350x 60/40 4% 6.1				
EQUIPMENT													1000 Gal 60 side				
Pumptrk	5	No.												Common	85		
Bulktrk	4	No.												Poz. Mix	50		
Bulktrk		No.												Gel.	15		
Pickup		No.												Calcium	2		
JOB SERVICES & REMARKS													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				
1st Pumped 1000x Gal 5000													Sand				
6000 4% Gal @ 660													Handling 152				
													Mileage 50				
2nd Pumped 5000x 10/40 4% Gal @ 400													FLOAT EQUIPMENT				
													Guide Shoe				
													Centralizer				
3rd Pumped 7500x 60/40 4% Gal @ 400 to surface													Baskets				
													AFU Inserts				
													Float Shoe				
													Latch Down				
													LMV 50				
													Service 50 1/2				
													Pumptrk Charge PTH				
													Mileage 100				
													Tax				
													Discount				
X Signature													Total Charge				