

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.

(Print Name) Employee 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.

Submitted Electronically

Quality Well Service, Inc.

Invoice

PO Box 468
Pratt, KS 67124

241894

Date	Invoice #
2/21/2019	C-1967

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

FAI
MAR 13 2019
BY: 79990

P.O. No.	Terms	Lease Name
		Miller #2-13

Description	Qty	Rate	Amount
Common	130		
Poz	80		
Gel	17		
Hulls	1		
Plug	1		
Handling	229		
.08 * sacks * miles	9,160		
Service Supervisor	1		
LMV	40		
Heavy Equipment Mileage	80		
Customer Discount			
Discount Expires after 30 days from the date of the invoice			
Miller #2-13 Edwards Co.			
Have given an additional 5% discount in exchange for the 30 day payment as discussed previously			
1107-1080 PLUG WELL			

Thank You for your business!

Subtotal
Sales Tax (7.5%)
Total

QUALITY WELL SERVICE, INC.

7067

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	2-15-19	Sec.	13	Twp.	24	Range	17	County	Edwards	State	Ks	On Location	Finish
Lease	Miller	Well No.	2-13		Location								
Contractor	Quality Well Service							Owner					
Type Job	ITA							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 210 50 60/40 42 601					
EQUIPMENT													
Pumptrk	8	No.					Common 130						
Bulktrk	10	No.					Poz. Mix 80						
Bulktrk		No.					Gel. 17						
Pickup		No.					Calcium						
JOB SERVICES & REMARKS													
Rat Hole								Hulls 100#					
Mouse Hole								Salt					
Centralizers								Flowseal					
Baskets								Kol-Seal					
D/V or Port Collar								Mud CLR 48					
1" Port tubing to 1050' purged								CFL-117 or CD110 CAF 38					
100# Gel 50 50 60/40 42 601								Sand					
100# Hulls								Handling 229					
								Mileage 40					
FLOAT EQUIPMENT													
200' Pumped 160 50 60/40 42 601								Guide Shoe					
2 280 to surface								Centralizer					
								Baskets					
								AFU Inserts					
								Float Shoe					
								Latch Down					
								LMV 40					
								Service Separator					
								Pumptrk Charge ITA					
								Mileage 80					
											Tax		
											Discount		
											Total Charge		
X Signature													