

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.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
3/11/2019	C-1979

242214

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

P.O. No.	Terms	Lease Name
		Coppoc-Rudd OWWO #2

Description	Qty	Rate	Amount
Common	105		
Poz	70		
Gel	18		
Calcium	4		
Hulls	1.5		
Plug	1		
Handling	202		
.08 * sacks * miles	10,000		
Service Supervisor	1		
LMV	50		
Heavy Equipment Mileage	100		
Customer Discount		-2,	
Discount Expires after 30 days from the date of the invoice			
Coppoc-Rudd #2			
Edwards Co.			
407-1080 PLUG WELL			

RECEIVED
MAR 15 2019
ROB LONG

Thank You for your business & Happy Holidays!

Subtotal
Sales Tax (7.5%)
Total

QUALITY WELL SERVICE, INC.

7075

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	3-7-19 3-8-19	Sec.	9	Twp.	24	Range	16	County	Edwards	State	KS	On Location	Finish
Lease	Coppo-Rudd		Well No.	2		Location							
Contractor	Quality Well Service							Owner					
Type Job	PTA / Pumping							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	4.5							T.D.					
Csg. Size	4.5							Depth					
Tbg. Size								Depth					
Tool								Depth					
Cement Left in Csg.								Shoe Joint					
Meas Line								Displace					
EQUIPMENT							Charge To F.G. H91						
Pumptrk No.	6							Street					
Bulktrk No.	10							City					
Bulktrk No.								State					
Pickup No.								The above was done to satisfaction and supervision of owner agent or contractor.					
JOB SERVICES & REMARKS							Cement Amount Ordered 175x 60/40 4% Gel						
Rat Hole								12 Gel on side					
Mouse Hole								Common 105					
Centralizers								Poz. Mix 70					
Baskets								Gel. 18					
D/V or Port Collar	3-7-19							Calcium 4					
1st Pumped hooked up to 4.5 csg, pumped 25x 3% CC 150#s Hull. Displaced to 3900', shot in in 1000 psi.							Hulls 150#						
3-8-19							Salt						
1st Pumped 12x Gel 50x 60/40 4% Gel 30x @ 1080'.							Flowseal						
2nd Pumped 70x 60/40 4% Gel @ 280'							Kol-Seal						
3rd Pumped 30x 60/40 4% Gel @ 40' to surface							Mud CLR 48						
							CFL-117 or CD110 CAF 38						
							Sand						
							Handling 202						
							Mileage 50						
							FLOAT EQUIPMENT						
							Guide Shoe						
							Centralizer						
							Baskets						
							AFU Inserts						
							Float Shoe						
							Latch Down						
							LMV 50						
							Service supervisor						
							Pumptrk Charge PTA						
							Mileage 100						
							Tax						
							Discount						
							Total Charge						
X Signature													