

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 #
3/11/2019	C-1978

242213

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

P.O. No.	Terms	Lease Name
		Brening B #7-12

Description	Qty	Rate	Amount
Common	120		
Poz	80		
Gel	17		
Hulls	1		
Plug	1		
Handling	219		
.08 * sacks * miles	7,665		
Service Supervisor	1		
LMV	35		
Heavy Equipment Mileage	70		
Customer Discount		-1.5	
Discount Expires after 30 days from the date of the invoice			
Brening B #7-12			
Edwards Co.			
<i>407-1080 PLUG WELL</i>			

RECEIVED
MAR 15 2019
ROB LONG

Thank You for your business!

Subtotal
Sales Tax (7.5%)
Total

QUALITY WELL SERVICE, INC.

7087

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	3-5-19	Sec.	12	Twsp.	24	Range	17	County	Edwards	State	KS	On Location	Finish
Lease	Brening B		Well No.		712		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.						
Csg.	4.5"						Depth						
Tbg. Size							Depth						
Tool							Depth						
Cement Left in Csg.							Shoe Joint						
Meas Line							Displace						
EQUIPMENT							Charge To						
							To F. G. Hall						
							Street						
							City						
							State						
							The above was done to satisfaction and supervision of owner agent or contractor.						
							Cement Amount Ordered						
							200 sy 60/40 4% Gel						
							105x Gel on side						
Pumptrk	No.						Common 120						
Bulktrk	No.						Poz. Mix 80						
Bulktrk	No.						Gel. 17						
Pickup	No.						Calcium						
JOB SERVICES & REMARKS							Hulls 100#						
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 no. tubing to 1050' pumped							Sand						
105x Gel, 50 sy 60/40 4% Gel							Handling 219						
110# hulls.							Mileage 35						
							FLOAT EQUIPMENT						
2nd Tubing @ 330 pumped 105SX							Guide Shoe						
60/40 4% Gel circulated to surface							Centralizer						
							Baskets						
3rd Pilled tubing and topped off csg							AFU Inserts						
with 305x 60/40 4% Gel.							Float Shoe						
							Latch Down						
4th hooked up to 8-5/8, pumped							LMV 35						
155x 60/40 4% Gel.													
							Pumptrk Charge PTA						
							Mileage 70						
							Tax						
							Discount						
							Total Charge						
X Signature													