

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 #
3/4/2019	C-1973

242211

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

RECEIVED
MAR 11 2019

ROB LONG

P.O. No.	Terms	Lease Name
		McDonald #1-19

Description	Qty	Rate	Amount
Common	210		
Poz	135		
Gel	12		
Hulls	4		
Plug	1		
Handling	365		
.08 * sacks * miles	14,000		
Service Supervisor	1		
LMV	40		
Heavy Equipment Mileage	80		
Customer Discount			
Discount Expires after 30 days from the date of the invoice			
McDonald #1-19 Barton Co.			

407-1080 PLUG WELL

Thank You for your business!

Subtotal
Sales Tax (7.5%)
Total

QUALITY WELL SERVICE, INC.

7073

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	2-27-19	Sec.	19	Twp.	20	Range	13	County	Barton	State	KS	On Location	Finish										
Lease	McDonald	Well No.	1-19		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																		
										Charge To				F.G. Holl									
										Street													
										City				State									
										The above was done to satisfaction and supervision of owner agent or contractor.													
										Cement Amount Ordered				345sr 60/40 4% gel									
EQUIPMENT																							
Pumptrk	8	No.			Common									210									
Bulktrk	7	No.			Poz. Mix									135									
Bulktrk		No.			Gel.									12									
Pickup		No.			Calcium																		
JOB SERVICES & REMARKS																							
Rat Hole										Salt													
Mouse Hole										Flowseal													
Centralizers										Kol-Seal													
Baskets										Mud CLR 48													
D/V or Port Collar										CFL-117 or CD110 CAF 38													
1 st Pumped 125sr 60/40 4% gel										Sand													
300 # Hulls @ 1400'										Handling				365									
										Mileage				40									
2 nd Pumped 60sr 60/40 4% gel										FLOAT EQUIPMENT													
100 # Hulls @ 800'										Guide Shoe													
										Centralizer													
3 rd Pumped 160sr 60/40 4% gel										Baskets													
@ 400' to surface.										AFU Inserts													
										Float Shoe													
										Latch Down													
										LMV 40													
										Service Supervisor													
										Pumptrk Charge				PTA									
										Mileage				80									
														Tax									
														Discount									
														Total Charge									
X Signature																							