

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-1972

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

P.O. No.	Terms	Lease Name
		Embry #3

Description	Qty	Rate	Amount
Common	155	15.50	2,402.50T
Poz	100	9.50	950.00T
Gel	19	22.00	418.00T
Calcium	2	60.00	120.00T
Plug	1	950.00	950.00T
Handling	276	2.10	579.60T
.08 * sacks * miles	12,000	0.08	960.00T
Service Supervisor	1	150.00	150.00T
LMV	45	3.75	168.75T
Heavy Equipment Mileage	90	8.00	720.00T
Customer Discount		-2,596.59	-2,596.59
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Embry #3 Edwards Co.			

Thank You for your business!	Subtotal	\$4,822.26
	Sales Tax (7.5%)	\$361.67
	Total	\$5,183.93

QUALITY WELL SERVICE, INC.

7072

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	Sec.	Twp.	Range	County	State	On Location	Finish
	24	34	16				
Lease	Well No.		Location				
Contractor	Owner			To Quality Well Service, Inc.			
Type Job	You are hereby requested to rent cementing equipment and furnish			cement and helper to assist owner or contractor to do work as listed.			
Hole Size	T.D.			Charge			
Csg.	Depth			To			
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			
EQUIPMENT							
Pumptrk	No.			Common			
Bulktrk	No.			Poz. Mix			
Bulktrk	No.			Gel.			
Pickup	No.			Calcium			
JOB SERVICES & REMARKS							
Rat Hole	Hulls						
Mouse Hole	Salt						
Centralizers	Flowseal						
Baskets	Kol-Seal						
D/V or Port Collar	Mud CLR 48						
	CFL-117 or CD110 CAF 38						
	Sand						
	Handling						
	Mileage						
FLOAT EQUIPMENT							
	Guide Shoe						
	Centralizer						
	Baskets						
	AFU Inserts						
	Float Shoe						
	Latch Down						
	Pumptrk Charge						
	Mileage						
						Tax	
						Discount	
						Total Charge	
X Signature							