

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**

Qualw

Invoice

Date	Invoice #
3/21/2019	2108

242610

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

RECEIVED
MAR 25 2019
ROB LONG

P.O. No.	Terms	Lease Name
		Donavan #1-16

Description	Qty	Rate	Amount
Rig Time	17	180.00	3,060.00T
Floor Rental	1	250.00	250.00T
Rip Casing	1	600.00	600.00T
Welding	2	75.00	150.00T
Water Truck	6	90.00	540.00T
Wiping Rubber	1	20.00	20.00T
Fresh Water	1	30.00	30.00T
Donavan #1-16 Edwards Co.			
3/11/19: Drove to location, had to kill well with water to heat tubing head ring to get it off, had to shut down, drove home.			
3/12/19: Drove to location, pulled tubing, dug cellar and pit, unpacked casing head, set floor, pulled slips, cut surface off 4' below ground, drove home.			
3/15/19: Drove to location, hooked up to 4 1/2" casing, pumped 25 sacks cement, 100# hulls, displaced to 3800', shut in at 1000 psi, ripped casing at 2025', came free, pulled casing to 1040', pumped 12 sacks gel, 50 sacks cement, pulled casing to 300', pumped 50 sacks cement, pulled casing to 40', pumped 40 sacks cement, tore down floor and rig, emptied pit, back filled cellar and pit.			
Thank You for your business!			
		Subtotal	\$4,650.00
		Sales Tax (7.5%)	\$348.75
		Total	\$4,998.75

PAID
APR 26 2019
BY: 80316

2107-1080 ? PLUG WELL