

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 Wireline Services, LLC

Service Order No.
480

360 N. Hwy 281 • P.O. Box 468 • Pratt, Kansas 67124 • 620-388-2309 or 620-727-6964 • Fax 620-672-3663

Date 2-14-2019

Company <u>R+B Oil + Gas, Inc.</u>		Client Order # <u>OW</u>	
Billing Address		City	State
Lease & Well # <u>Vickery "C" #1</u>		Field Name	Legal Description (coordinates) <u>32-325-10W</u>
County <u>Barber</u>	State <u>Kansas</u>	Casing Size <u>5 1/2</u>	Casing Weight
Fluid Level (surface) <u>3250</u>	Reading From <u>KB</u>	Customer T.D.	Quality Wire Line T.D.
Engineer <u>S. Chesney</u>	Operator <u>J. Coleman</u>	Operator	Unit# <u>T02</u>

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<u>Setting Charge</u>	<u>4420</u>		<u>0</u>	<u>4420</u>	<u>1500⁰⁰</u>
	<u>5 1/2 C.I.B.P.</u>	<u>1</u>		<u>4420</u>		<u>900⁰⁰</u>
	<u>2 sx Cement Bailer</u>	<u>4420</u>		<u>0</u>	<u>4420</u>	<u>1000⁰⁰</u>
	<u>Service Charge</u>					<u>1500⁰⁰</u>

SUBTOTAL	<u>4900⁰⁰</u>
DISCOUNT	<u>3050.00</u>
SUBTOTAL	<u>1850⁰⁰</u>
TAX	<u>133.75</u>
NET TOTAL	<u>1983.75</u>

Customer _____
Taylor Printing, Inc. • 620-672-3656

QUALITY WELL SERVICE, INC.

7064

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.	Twsp.	Range	County	State	On Location	Finish
2-15-99	32	32S	10W	Barber	Ks		
Lease <i>Vicker</i>	Well No.		Location <i>SHAW KS ST WAZO RD</i>				
Contractor <i>QWS</i>	Owner <i>1/4 W Sinto</i>			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.			
Type Job <i>PTA</i>	T.D.			Charge To <i>R+B O.L. & FMS INC</i>			
Hole Size <i>7 7/8</i>	Depth			Street			
Csg. <i>5 1/2</i>	Depth			City			
Tbg. Size	Depth			State			
Tool	Depth			The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg.	Shoe Joint			Cement Amount Ordered <i>135 x 60/40 41.6L</i>			
Meas Line	Displace						
EQUIPMENT							
Pumptrk <i>3</i> No.	<i>TJ</i>			Common <i>81 x</i>			
Bulktrk <i>10</i> No.	<i>JAKC</i>			Poz. Mix <i>54 x</i>			
Bulktrk No.				Gel. <i>15 x</i>			
Pickup No.				Calcium <i>1 x</i>			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
<i>1st Plug 600' 105 x 6L 50 x 60/40 41.6L</i>				Sand			
<i>Mix Pump 105 x 6L</i>				Handling <i>151</i>			
<i>Mix Pump 50 x 60/40 41.6L</i>				Mileage <i>30</i>			
<i>Disc 1120</i>				FLOAT EQUIPMENT			
<i>2nd Plug 300' 50 x 60/40 41.6L</i>				Guide Shoe			
<i>Mix Pump 50 x 60/40 41.6L</i>				Centralizer			
<i>Disc 1120</i>				Baskets			
<i>3rd Plug 40'</i>				AFU Inserts			
<i>Mix Pump 35 x 60/40 41.6L</i>				Float Shoe			
<i>Disc 1120 TO PIT</i>				Latch Down			
				<i>Service SPU</i>			
<i>Thank you</i>				<i>LMU 30</i>			
<i>Please call Agilio</i>				Pumptrk Charge <i>PTA</i>			
<i>7000 TJ JAK</i>				Mileage <i>60</i>			
<i>DRIVE DECK</i>							
X Signature						Tax	
						Discount	
						Total Charge	