

**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.  
0501

30060 N. Hwy 281 • P.O. Box 468 • Pratt, Kansas 67124 • 620-388-2309 or 620-727-6964 • Fax 620-672-3663

Date 3-28-19

Company <u>R4B oil &amp; gas Inc</u>			Client Order # <u>OW</u>	
Billing Address		City	State	Zip
Lease & Well # <u>Sanderson - Harper B 1-18</u>		Field Name		Legal Description (coordinates)
County <u>Clarke</u>	State <u>Kansas</u>	Casing Size	Casing Weight	
Fluid Level (surface)	Reading From	Customer T.D.	Quality Wire Line T.D.	
Engineer <u>DFZell</u>	Operator	Operator	Unit# <u>01</u>	

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<u>4 1/2 JIB</u>					<u>900<sup>00</sup></u>
	<u>Setting Charge @ 5330</u>			<u>0</u>	<u>5330</u>	<u>1,500<sup>00</sup></u>
	<u>2 SKS Cement Dump Bucket @ 5330</u>			<u>0</u>	<u>5330</u>	<u>1,000<sup>00</sup></u>
	<u>Service Charge</u>					<u>1,500<sup>00</sup></u>

SUBTOTAL	<u>4,900<sup>00</sup></u>
DISCOUNT	<u>3,050.25</u>
SUBTOTAL	<u>1,850.00</u>
TAX	<u>120.25</u>
NET TOTAL	<u>1,970.25</u>

Customer \_\_\_\_\_

# QUALITY WELL SERVICE, INC.

7127

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	5-15-19	Sec.	18	Twp.	34	Range	21	County	Clark	State	KS	On Location		Finish	
Lease	Seeberson - Hyper 12			Well No.	1-18			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.	45							Depth							
Tbg. Size								Depth							
Tool								Depth							
Cement Left in Csg.								Shoe Joint							
Meas Line								Displace							
<b>EQUIPMENT</b>								Charge To R+B oil + Gas							
								Street							
								City							
								State							
								The above was done to satisfaction and supervision of owner agent or contractor.							
								Cement Amount Ordered 140sx 60/40 4% Gel							
								10sx 60/40 on side							
Pumptrk	8	No.						Common 85							
Bulktrk	10	No.						Poz. Mix 55							
Bulktrk		No.						Gel. 15							
Pickup		No.						Calcium 2							
<b>JOB SERVICES &amp; REMARKS</b>								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							
1 <sup>st</sup> Pumped 10sx 60/40 4% Gel @ 860								Sand							
60/40 4% Gel @ 860								Handling 157							
								Mileage 70							
2 <sup>nd</sup> Pumped 40sx 60/40 4% Gel @ 400								<b>FLOAT EQUIPMENT</b>							
								Guide Shoe							
								Centralizer							
3 <sup>rd</sup> Pumped 40sx 60/40 4% Gel @ 400 to surface								Baskets							
								AFU Inserts							
								Float Shoe							
4 <sup>th</sup> Topped well off with 10sx 60/40 4% Gel								Latch Down							
								LMV 70							
								Service Supervisor							
								Pumptrk Charge PTA							
								Mileage 140							
								Tax							
								Discount							
X Signature								Total Charge							