

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.
0504

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

Date 4-1-19

Company <u>R&B Oil & Gas Inc</u>			Client Order # <u>OW</u>	
Billing Address		City	State	Zip
Lease & Well # <u>Birney 11-2-3</u>		Field Name		Legal Description (coordinates)
County <u>Clark</u>	State <u>Kansas</u>		Casing Size	Casing Weight
Fluid Level (surface)	Reading From	Customer T.D.	Quality Wire Line T.D.	
Engineer <u>D. Ezell</u>	Operator	Operator	Unit# <u>01</u>	

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<u>4 1/2 CIBP</u>					<u>900.00</u>
	<u>Setting PL-UG @ 5120</u>			<u>0</u>	<u>5120</u>	<u>1,500.00</u>
	<u>7 SKS Cement Plug Buffer @ 5120</u>			<u>0</u>	<u>5120</u>	<u>1,000.00</u>
	<u>Service Charge</u>					<u>1,500.00</u>

SUBTOTAL	<u>4,900.00</u>
DISCOUNT	<u>3,050.00</u>
SUBTOTAL	<u>1,850.00</u>
TAX	<u>120.15</u>
NET TOTAL	<u>1,970.15</u>

Customer _____

QUALITY WELL SERVICE, INC.

7133

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
5-17-19	11	31	21	Clark	KS		
Lease <i>Birney</i>		Well No. <i>11-3-3</i>		Location			
Contractor <i>Quality Well Service</i>				Owner			
Type Job <i>PTA</i>				To Quality Well Service, Inc.			
Hole Size				T.D.			
Csg. <i>4.5</i>				Depth			
Tbg. Size				Depth			
Tool				Depth			
Cement Left in Csg.				Shoe Joint			
Meas Line				Displace			
EQUIPMENT				Charge To <i>B+B oil + Gas</i>			
Pumptrk <i>8</i> No.				Common <i>110</i>			
Bulktrk <i>15</i> No.				Poz. Mix <i>70</i>			
Bulktrk No.				Gel. <i>21</i>			
Pickup No.				Calcium <i>2</i>			
JOB SERVICES & REMARKS				Cement Amount Ordered <i>180 sy 60/40 4% 601</i>			
Rat Hole				Hulls			
Mouse Hole				Salt			
Centralizers				Flowseal			
Baskets				Kol-Seal			
D/V or Port Collar				Mud CLR 48			
<i>1st Pumped 15sr 60l 50sr 60/40</i>				CFL-117 or CD110 CAF 38			
<i>4% 60l 3% cc @ 1240'</i>				Sand			
<i>2nd Pumped 50sr 60/40 4% 60l</i>				Handling <i>203</i>			
<i>@ 680'</i>				Mileage <i>60</i>			
<i>3rd Pumped 40sr 60/40 4% 60l</i>				FLOAT EQUIPMENT			
<i>@ 340'</i>				Guide Shoe			
<i>3d. Pumped 40sr 60/40 4% 60l</i>				Centralizer			
<i>@ 40' to surface</i>				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				LMU <i>60</i>			
				Service supervision			
				Pumptrk Charge <i>PTA</i>			
				Mileage <i>120</i>			
				Tax			
				Discount			
<input checked="" type="checkbox"/> Signature				Total Charge			