

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 #
6/25/2019	C-2060

Bill To
McCoy Petroleum Corporation PO Box 39 Spivey KS 67142

P.O. No.	Terms	Lease Name
		Holgerson #2

Description	Qty	Rate	Amount
Common	128		
Poz	52		
Gel	1,650		
Calcium	200		
Plug	1		
Handling	200		
.08 * sacks * miles	7,000		
Service Supervisor	1		
LMV	35		
Heavy Equipment Mileage	70		
Customer Discount			
Discount Expires after 30 days from the date of the invoice			
Holgerson #2			
Kingman Co.			

Thank You for your business!	Subtotal
	Sales Tax (8.0%)
	Total

QUALITY WELL SERVICE, INC.

7146

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	6-24-19	Sec.	3	Twp.	30S	Range	9W	County	Kingman	State	Ks	On Location		Finish	
Lease	HOLGERSON		Well No.		# 2		Location Zenda, Ks. N to 120 th Rd .3 W S into								
Contractor CHEYENNE WELL SERVICE INC.								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	7 7/8		T.D.												
Csg.	5 1/2		Depth		Charge To McCoy Pet Corp.										
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 250x 52x Common										
EQUIPMENT															
Pumptrk	8	No.	TS		Common 200x 1040 4/1 FEL										
Bulktrk	10	No.	TAKC		50x 73 = 120										
Bulktrk		No.			Poz. Mix 52										
Pickup		No.			Gel. 1630 lbs										
					Calcium 200 lbs										
JOB SERVICES & REMARKS															
Rat Hole													Hulls		
Mouse Hole													Salt		
Centralizers													Flowseal		
Baskets	CIBP 4850' cut off 1900'												Kol-Seal		
D/V or Port Collar													Mud CLR 48		
1 st Plug 12 1/2	12 x Gel 50x Common 3% CC												CFL-117 or CD110 CAF 38		
Mix: Pump 12 x GEL													Sand		
Mix: Pump 50 x Common 3% CC													Handling 200		
DSQ H2O													Mileage 35		
FLOAT EQUIPMENT															
2 nd Plug 987	200 WOL tag 1200'												Guide Shoe		
Mix: Pump 35 x													Centralizer		
DSQ H2O													Baskets		
Pull csg to 315'													AFU Inserts		
SHUT DOWN for DAY	6-25-19												Float Shoe		
													Latch Down Add HES 2 HES		
													Service Sup 1 EA		
Mix: Pump 10 x cill CRT to Pt													LMV 70		
Pull csg: TOP OFF 15 x													Pumptrk Charge PTA		
													Mileage 70		
Thank you													Tax		
Please call AGA in													Discount		
Signature <i>[Signature]</i>													Total Charge		

Quality Wireline Service LLC

RECEIVED JUN 28 2019

Invoice

PO Box 468
Pratt, KS 67124

Date	Invoice #
6/25/2019	710

Bill To
McCoy Petroleum Corporation PO Box 39 Spivey KS 67142

P.O. No.	Terms	Lease Name
		Holgerson-Twyman #2

Description	Qty	Rate	Amount
5 1/2" Bridge Plug	1		
Setting Charge	1		
Dump Bailer Cement Run	1		
Casing Cutter	1		
Truck Charge	1		
Customer Discount			
Discount expires after 30 days from the date of the invoice.			
Holgerson-Twyman #2 Kingman Co.			

Thank you for your business.	Subtotal
	Sales Tax (8
	Total

Quality Wireline Services, LLC

Service Order No.
0616

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

Date 6-24-19

Company <u>McCoy Petroleum Corp.</u>			Client Order # <u>CL</u>	
Billing Address		City	State	Zip
Lease & Well # <u>Holgerson-Twyman #2</u>		Field Name		Legal Description (coordinates)
County <u>Kingman</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. E. Zill</u>	Operator	Operator	Unit# <u>CL</u>	

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<u>5/2 CIBP</u>					
	<u>Setting Charge @ 4150</u>				<u>0</u>	
	<u>2 SKs Cement Dump Boiler</u>				<u>0</u>	
	<u>@ 4150</u>					
	<u>Casing wt @ 1900</u>				<u>0</u>	
	<u>Service charge</u>					

SUBTOTAL
DISCOUNT
SUBTOTAL
TAX
NET TOTAL

Customer *[Signature]*