

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

GLOBAL OIL FIELD SERVICES, LLC

24 S. Lincoln
 RUSSELL, KS 67665

Invoice

Date	Invoice #
4/22/2019	0013363

Bill To
BACH OIL PO BOX 723 ALMA, NE 68920

P.O. No.	Terms	Project
VOGEL#2	Due on receipt	

Quantity	Description	Rate	Amount
320	60/40 POZMIX CEMENT	13.75	4,400.00
11	BENTONITE GEL	30.00	330.00
10	COTTON SEED HULLS	31.50	315.00
341	HANDLING	1.90	647.90
	BULK MILEAGE	800.00	800.00
1	TRI-PLEX PUMP CHARGE FOR PLUG	850.00	850.00
55	HEAVY EQUIPMENT. ONE WAY	6.50	357.50
55	LMV- ONE WAY	2.75	151.25
	15% DISCOUNT IF PAID WITHIN 15 DAYS OF INVOICE		0.00
	PHILLIPS CO SALES TAX	7.00%	0.00

6673 90

Thank you for your business.

Total \$7,851.65

Phone #	Fax #
785-445-3525	785-445-3526

GLOBAL OIL FIELD SERVICES, LLC

0018368

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT: Russell

DATE <u>4-10-19</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Vogel</u>	WELL # <u>2</u>	LOCATION <u>Speed SW 1/4</u>			COUNTY <u>Phillips</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (CIRCLE ONE)							

CONTRACTOR Professional Well

TYPE OF JOB Plug

HOLE SIZE _____ T.D. _____

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED _____

500# Halls
320 lbs 60/100-4

EQUIPMENT

PUMP TRUCK CEMENTER: Bill

417 HELPER: JASON

BULK TRUCK DRIVER: Tom

_____ DRIVER _____

BULK TRUCK DRIVER: Cody

473 DRIVER _____

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

REMARKS:

Tubing @ 3240 - 75 lbs 300# Halls
2350 - 75 lbs 200# Halls
1300 CIRCULAR 125#
pump down 43 35 lbs

BACK side 10A

CHARGE TO: BACH

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

Global Oil Field Services, LLC
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE Cole P. [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS