

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.

7179

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	7-31-19	Sec.	14	Twp.	27S	Range	24W	County	Ford	State	Ks	On Location		Finish	
Lease	SCHNEWEIS	Well No.	2-14	Location Ford Ks N to SADDLER W to 177 Rd											
Contractor								Owner							
Type Job								PTA							
Hole Size								4 1/2							
Csg.								7 7/8							
Tbg. Size															
Tool															
Cement Left in Csg.								Shoe Joint							
Meas Line								Displace							
EQUIPMENT								100' h/lb used 195 SA							
Pumptrk	8	No.	TS				Common		117						
Bulktrk	11	No.	DREEL				Poz. Mix		73						
Bulktrk		No.					Gel.		671 "						
Pickup		No.					Calcium								
JOB SERVICES & REMARKS								Hulls 2 SA							
Rat Hole								Salt							
Mouse Hole								Flowseal							
Centralizers								Kol-Seal							
Baskets								Mud CLR 48							
D/V or Port Collar								Peet 4793							
Mix & Pump								30 SA 60/40 4% GEL W/ 100' h/lb							
Mix & Pump								12 SA GEL							
Mix & Pump								150 SA 60/40 4% GEL							
300'								Close in Valve on CSG							
Hookup to								8 5/8							
Mix & Pump								15 SA 60/40 4% GEL							
300'															
								FLOAT EQUIPMENT							
								Guide Shoe							
								Centralizer							
								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch Down							
								SERVICE Sup, 1 EA							
								LM/ 65							
Thank you								Pumptrk Charge PTA							
PLEASE Call AGAIN								Mileage 130							
TODD IS JAKE David Brent															
R. chavez															
Signature															
								Tax							
								Discount							
								Total Charge							

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
8/1/2019	C-2094

Bill To
Vincent Oil Corporation 200 W. Douglas, Ste. 725 Wichita, KS 67202

P.O. No.	Terms	Lease Name
		Schneweis #2-14

Description	Qty	Rate	Amount
Common	117	15.50	1,813.50T
Poz	78	9.50	741.00T
Gel	671	0.22	147.62T
Hulls	2	54.00	108.00T
Plug	1	950.00	950.00T
Handling	202	2.10	424.20T
.08 * sacks * miles	8,500	0.08	680.00T
Service Supervisor	1	150.00	150.00T
LMV	65	3.75	243.75T
Heavy Equipment Mileage	130	8.00	1,040.00T
Customer Discount		-1,574.51	-1,574.51
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Schneweis #2-14 Ford Co.			
<i>Prose = 1</i> <i>W3001 33</i>			
Thank You for your business!		Subtotal	\$4,723.56

Sales Tax (7.65%)	\$361.35
Total	\$5,084.91