

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.

7204

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	8-12-19	Sec.	16	Twp.	30	Range	13	County	Barber	State	KS	On Location		Finish				
Lease	Leman trust			Well No.	1-16		Location											
Contractor	Quality Well Service							Owner										
Type Job	Ramped Bottom			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.		Charge To												
Csg.	4.5			Depth		FG Hall												
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 205 sy 60/40 4% Gel												
EQUIPMENT																		
Pumptrk	8	No.				Common 125												
Bulktrk	7	No.				Poz. Mix 80												
Bulktrk		No.				Gel. 1700 #												
Pickup		No.				Calcium 100 #												
JOB SERVICES & REMARKS																		
Rat Hole												Hulls 300 #						
Mouse Hole												Salt						
Centralizers												Flowseal						
Baskets												Kol-Seal						
D/V or Port Collar	8-12-19														Mud CLR 48			
15' Hacked up to 4.5 csg pumped												CFL-117 or CD110 CAF 38						
75 sy 60/40 4% Gel 300 # Hulls												Sand						
displaced with H ₂ O to 3745'												Handling 230						
7' in scope												Mileage 20						
FLOAT EQUIPMENT																		
8-13-19												Guide Shoe						
15' Pumped 10 sy 60/40 4% Gel												Centralizer						
Gel 3% cc @ 1050'												Baskets						
												AFU Inserts						
2nd Pumped 50 sy 60/40 4% Gel												Float Shoe						
3% cc @ 340'												Latch Down						
												LMU 20						
2nd Pumped 30 sy 60/40 4% Gel												Service Supervisor						
@ 40' to surface.												Pumptrk Charge Ramped Bottom / PTA 2nd Day Pump.						
												Mileage 40						
												Tax						
												Discount						
												Total Charge						
X Signature																		

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
8/15/2019	C-2116

Bill To
F.G. Hohl Company LLC PO Box 308 Ellinwood, KS 67526 Attn: Rob Long

P.O. No.	Terms	Lease Name
		Lemon Trust #1-16

Description	Qty	Rate	Amount
Common	125	15.50	1,937.50T
Poz	80	9.50	760.00T
Gel	1,700	0.22	374.00T
Calcium	100	1.20	120.00T
Hulls	6	54.00	324.00T
Plug/Pump Bottom	1	950.00	950.00T
2nd day Pump Truck	1	500.00	500.00T
Handling	230	2.10	483.00T
.08 * sacks * miles	4,600	0.08	368.00T
Service Supervisor	1	150.00	150.00T
LMV	20	3.75	75.00T
Heavy Equipment Mileage	40	8.00	320.00T
Customer Discount		-1,590.37	-1,590.37
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Lemon Trust #1-16 Barber Co.			

Thank You for your business!	Subtotal	\$4,771.13
	Sales Tax (7.5%)	\$357.83
	Total	\$5,128.96