

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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.

7183

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	8-2-19	Sec.	29	Twp.	24S	Range	15W	County	STAFFORD	State	KS	On Location		Finish		
Lease	BRENSING		Well No.		A-1		Location									MACKVILLE KS 1 1/2 W 1 1/2 S E 1/4
Contractor	QWS							Owner								
Type Job	PTA/Pumped							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.	4 1/2		Depth		4248		Charge To		EG Hall							
Tbg. Size			Depth													
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		55 Bbls		Cement Amount Ordered		205 60/40 42 60/40							
EQUIPMENT							105# 6d on side									
Pumptrk	8	No.					Common		125							
Bulktrk	13	No.					Poz. Mix		80							
Bulktrk		No.					Gel.		1700#							
Pickup		No.					Calcium		150#							
JOB SERVICES & REMARKS							Hulls 150#									
Rat Hole							Salt									
Mouse Hole							Flowseal									
Centralizers							Kol-Seal									
Baskets							Mud CLR 48									
D/V or Port Collar	4248						CFL-117 or CD110 CAF 38									
Hookup to Well							Sand									
Mix Pump 50# 60/40 4 1/2 1 x CC							Handling 228									
1 1/2 150lb Halls							Mileage 35									
Disc 55 Bbls H ₂ O 1000#							FLOAT EQUIPMENT									
Disc Valve on GSK							Guide Shoe									
8-5-19							Centralizer									
1 st Pumped 10x Gel 50# 60/40							Baskets									
4% Gel @ 1040							AFU Inserts									
							Float Shoe									
2 nd Pumped 50# 60/40 4% Gel							Latch Down									
@ 340							SERVICE SUP									
							LMV 35									
2 nd Pumped 45# 60/40 4% Gel							Pumptrk Charge PTA/Ampal Patten 2 nd Day Pump Charge									
@ 60' to SW Face							Mileage 70									
							Tax									
							Discount									
							Total Charge									
4 th Tapped off well with 100# sand																
X Signature																

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
8/8/2019	C-2108

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

P.O. No.	Terms	Lease Name
		Breising A-1

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	150	1.20	180.00T
Hulls	3	54.00	162.00T
Plug	1	950.00	950.00T
2nd day Pump Truck	1	500.00	500.00T
Handling	228	2.10	478.80T
.08 * sacks * miles	7,980	0.08	638.40T
Service Supervisor	1	150.00	150.00T
LMV	35	3.75	131.25T
Heavy Equipment Mileage	70	8.00	560.00T
Customer Discount		-1,705.48	-1,705.48
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Breising A-1 Stafford Co.			

Thank You for your business!

Subtotal	\$5,116.47
Sales Tax (7.5%)	\$383.74
Total	\$5,500.21