

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.

7255

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	Sec.	Twp.	Range	County	State	On Location	Finish
10-10-19	24	30	41	Stanton	Ks		
Lease <i>Armstrong</i>		Well No. <i>1-24</i>		Location			
Contractor <i>Quality Well Service</i>				Owner			
Type Job <i>PTM</i>				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 <i>McCoy Petroleum</i>			
Csg. <i>5.5</i>		Depth		Street			
Tbg. Size		Depth		City State			
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 <i>170sv 60/40 4% gel</i>			
EQUIPMENT							
Pumptrk <i>8</i>	No.			Common <i>105</i>			
Bulktrk <i>11</i>	No.			Poz. Mix <i>65</i>			
Bulktrk	No.			Gel. <i>600 #</i>			
Pickup	No.			Calcium			
JOB SERVICES & REMARKS							
Rat Hole				Hulls			
Mouse Hole				Salt			
Centralizers				Flowseal			
Baskets				Kol-Seal			
D/V or Port Collar				Mud CLR 48			
<i>15' Ran tubing to 1640' pumped</i>				CFL-117 or CD110 CAF 38			
<i>25sv 60/40 4% gel down 8 5/8</i>				Sand			
<i>Hooked up to tubing pumped</i>				Handling <i>176</i>			
<i>120sv 60/40 4% gel to surface</i>				Mileage <i>70</i>			
FLOAT EQUIPMENT							
<i>in 5.5 csg pulled tubing out</i>				Guide Shoe			
<i>topped off with 25sv 60/40</i>				Centralizer			
<i>4% gel</i>				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				<i>Service supervision</i>			
				<i>LMV 70</i>			
				Pumptrk Charge			
				Mileage <i>140</i>			
						Tax	
						Discount	
X Signature						Total Charge	

Quality Well Service, Inc.

Invoice

**PO Box 468
Pratt, KS 67124**

RECEIVED OCT 23 2019

Date	Invoice #
10/15/2019	C-2160

Bill To
McCoy Petroleum Corporation PO Box 39 Spivey KS 67142

P.O. No.	Terms	Lease Name
		Armstrong-Sinclair #1-24

Description	Qty	Rate	Amount
Common	105		
Poz	65		
Gel	600		
Plug	1		
Handling	176		
.08 * sacks * miles	12,320		
Service Supervisor	1		
LMV	70		
Heavy Equipment Mileage	140		
Customer Discount			
Discount Expires after 30 days from the date of the invoice			
Armstrong-Sinclair #1-24 Stanton Co.			

Thank You for your business!

Subtotal

Sales Tax

Total