

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.

**PO Box 468
Pratt, KS 67124**



Invoice

Date	Invoice #
10/15/2019	C-2162

Bill To
Vess Oil Corporation 1700 Waterfront PKWY BLDG. 500 Wichita, KS 67206-6619

P.O. No.	Terms	Lease Name
		Dana Robinson #1

Description	Qty	Rate	Amount
Common	215	15.50	3,332.50T
Gel	1,000	0.22	220.00T
Calcium	606	1.20	727.20T
Plug	1	950.00	950.00T
Handling	237	2.10	497.70T
.08 * sacks * miles	9,500	0.08	760.00T
Service Supervisor	1	150.00	150.00T
LMV	45	3.75	168.75T
Heavy Equipment Mileage	90	8.00	720.00T
Customer Discount		-1,881.53	-1,881.53
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Dana Robinson #1 Kingman Co.			

Thank You for your business!	Subtotal	\$5,644.62
	Sales Tax (8.0%)	\$451.57
	Total	\$6,096.19

QUALITY WELL SERVICE, INC.

7239

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
10-11-19	33	29S	7W	Kingman	KS.		
Lease DAVA Robinson		Well No. *1		Location S of Kingman Ks to 60" Rd			
Contractor FOSSIL DRILLING				Owner 1/8 E N 1/2 W into			
Type Job PTA				To Quality Well Service, Inc.			
Hole Size 7 7/8				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Csg. 5 1/2 14"		Depth 1150'		Charge To JESS OIL CORP			
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 2 1/5 SK (Common)			
EQUIPMENT				3 1/2" LL 10 SK GEL ON SIDE			
Pumptrk 8 No.			Common 215 SK				
Bulktrk 15 No.			Poz. Mix				
Bulktrk No.			Gel. 1000#				
Pickup No.			Calcium 606				
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets CIBPD 4000' 24 CMT				Mud CLR 48			
D/V or Port Collar cut @ 2104'				CFL-117 or CD110 CAF 38			
1st Plug @ 1150' 10 SK GEL 50 SK Common 3 1/2" LL				Sand			
MIX: Pump 10 SK GEL				Handling 237			
MIX: Pump 50 SK Common 3 1/2" LL				Mileage 45 / 9500			
Disp H2O WOC TAG @ 940				FLOAT EQUIPMENT			
2nd Plug 760' 35 SK Common 3 1/2" LL				Guide Shoe			
MIX: Pump 35 SK Common 3 1/2" LL				Centralizer			
Disp H2O				Baskets			
3rd Plug 320'				AFU Inserts			
MIX: Pump 110 SK Common 3 1/2" LL				Float Shoe			
Circ CMT TO P.T				Latch Down			
PCOOH! TOP OFF				SERVICE Supv. 1 EA			
20 SK				LMV 45			
				Pumptrk Charge PTA			
Thank you				Mileage 90			
PLEASE CALL AGAIN							
TODD TS JAKE							
X Signature Jim Keane							
						Tax	
						Discount	
						Total Charge	