

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.

7224

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
9-11-19	26	31S	9W	HARPER	KS		
Lease Gates	Well No. G#1		Location KEystone CHURCH 3 1/2 S E into				
Contractor SHAWNEE Well Service				Owner			
Type Job PTA				To Quality Well Service, Inc.			
Hole Size 7 7/8	T.D.			You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Csg. 4 1/2	Depth			Charge To TODY OIL & GAS Corp			
Tbg. Size 2 3/8	Depth 4050			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 240 sz Common 3 1/2			
EQUIPMENT				12 sz Gel on site			
Pumptrk 3 No.				Common 240			
Bulktrk 10 No.				Poz. Mix			
Bulktrk No.				Gel. 1200*			
Pickup No.				Calcium 564			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
Tbg 7 4050'				Sand			
Pump 10 Bbls H2O Break Circ				Handling 263			
Mix Pump 4 sz Common				Mileage 45 / 8500			
Disp H2O off loc				FLOAT EQUIPMENT			
9-12-19 Tbg 7 1400'				Guide Shoe			
Mix Pump 12 sz Gel				Centralizer			
Mix Pump 50 sz Common 3 1/2				Baskets			
Disp H2O WOC TAG @ 1170'				AFU Inserts			
Tbg 7 950'				Float Shoe			
Mix Pump 35 sz Common 3 1/2				Latch Down			
Disp H2O				SERVICE SUPV 2 FA			
Tbg 7 300'				LMV 45			
Mix Pump 100 sz Common 3 1/2 circ				Pumptrk Charge PTA @ 2nd Day Pump h/c			
PTOH 1 TOP OFF 15 sz Common 3 1/2				Mileage 130			
Thank you PLEASE CALL AGAIN TOM/TS/KC				Tax			
				Discount			
				Total Charge			
Signature [Signature]							

Quality Wireline Services, LLC

Service Order No.
0646

30060 N. Hwy 281 • P.O. Box 468 • Pratt, Kansas 67124 • 620-388-2309 or 620-727-6964 • Fax 620-672-3663

Date 9-12-19

Company <u>Job 1 Oil</u>		Client Order # <u>OW</u>	
Billing Address		City	State Zip
Lease & Well # <u>Gates G1</u>		Field Name	Legal Description (coordinates)
County <u>Harper</u>	State <u>Kansas</u>	Casing Size	Casing Weight
Fluid Level (surface)	Reading From	Customer T.D.	Quality Wire Line T.D.
Engineer <u>D. C. 2011</u>	Operator <u>J. Coleman</u>	Operator	Unit# <u>01</u>

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<u>4 1/2 Casing cut @ 1402</u>	<u>1</u>		<u>0</u>	<u>1402</u>	<u>2,100⁰⁰</u>
	<u>Service Charge</u>					<u>1,500⁰⁰</u>

SUBTOTAL	<u>3,600⁰⁰</u>
DISCOUNT	<u>1,750.00</u>
SUBTOTAL	<u>1,850⁰⁰</u>
TAX	<u>120.25</u>
NET TOTAL	<u>1,970.25</u>

Customer [Signature]