

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.

(Print Name) Employee of Operator or Operator on above-described well,

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 Wireline Services, LLC

Service Order No.
0659

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

Date 10-1-19

Company <u>R & B Oil & Gas Inc</u>			Client Order # <u>OU</u>		
Billing Address		City	State	Zip	
Lease & Well # <u>Berlyman #1-B</u>		Field Name		Legal Description (coordinates)	
County <u>Clark</u>	State <u>Kansas</u>	Casing Size <u>4 1/2</u>		Casing Weight	
Fluid Level (surface)	Reading From	Customer T.D.		Quality Wire Line T.D.	
Engineer <u>D. Cecil</u>	Operator <u>S. Coleman</u>	Operator		Unit# <u>01</u>	

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<u>4 1/2 CTBP</u>	<u>1</u>				<u>900⁰⁰</u>
	<u>Setting Charge @ 5100</u>			<u>0</u>	<u>5100</u>	<u>1,500⁰⁰</u>
	<u>2 5/8 Cement Dump Boiler</u>			<u>0</u>	<u>5100</u>	<u>1,000⁰⁰</u>
	<u>@ 5100</u>					
	<u>Service Charge</u>					<u>1,500⁰⁰</u>

Handwritten signature in pink ink

SUBTOTAL	<u>4,900⁰⁰</u>
DISCOUNT	<u>3,050.00</u>
SUBTOTAL	<u>1,850⁰⁰</u>
TAX	<u>1,210.25</u>
NET TOTAL	<u>1,790.25</u>

Customer
Taylor Printing, Inc. • 620-672-3656

QUALITY WELL SERVICE, INC.

7231

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	10-3-19	Sec.	13	Twp.	31	Range	21	County	Clark	State	Ks	On Location	Finish		
Lease	Brayman		Well No.	1-B		Location									
Contractor	Quality Well Service							Owner							
Type Job	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		R+B Oil + Gas										
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							180 sv 60/40 4% 6el					
EQUIPMENT										12 sv 6el on side					
Pumptrk	8	No.			Common							110			
Bulktrk	11	No.			Poz. Mix							70			
Bulktrk		No.			Gel.							1800"			
Pickup		No.			Calcium							100#			
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							
1st Pumped 12sv 6el 50sv										Sand					
60/40 4% 6el @ 1160'										Handling				194	
										Mileage				60	
2nd Pumped 50sv 60/40 4% 6el										FLOAT EQUIPMENT					
@ 700'										Guide Shoe					
										Centralizer					
3rd Pumped 40sv 60/40 4%										Baskets					
6el @ 300'										AFU Inserts					
										Float Shoe					
4th Pumped 40sv 60/40 4%										Latch Down					
6el @ 40' to surface										LMV 60					
										Service supervisor					
										Pumptrk Charge				PTA	
										Mileage				120	
														Tax	
														Discount	
<input checked="" type="checkbox"/> Signature														Total Charge	

June