

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

Form	CP4 - Well Plugging Record
Operator	Vess Oil Corporation
Well Name	TETEN 2
Doc ID	1519417

Producing Formations

Formation	Top	Bottom	Total Depth
Mississippi	3362	3370	
Mississippi	3374	3378	
Mississippi	3380	3387	
Mississippi	3388	3395	

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice



Date	Invoice #
6/1/2020	C-2357

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

P.O. No.	Terms	Lease Name
		Teten SWD #2

Description	Qty	Rate	Amount
Common	284	15.50	4,402.00
Poz	141	9.50	1,339.50
Calcium	1,114	1.20	1,336.80
Plug/Pump Charge	1	950.00	950.00T
Handling	447	2.10	938.70
.08 * sacks * miles	13,000	0.08	1,040.00
Service Supervisor	1	150.00	150.00
LMV	80	3.75	300.00
Heavy Equipment Mileage	120	8.00	960.00
Customer Discount		-5,137.65	-5,137.65
Discount Expires after 30 days from the date of the invoice.		0.00	0.00
Teten SWD #2 Reno Co			

Thank You for your business!	Subtotal	\$6,279.35
	Sales Tax (7.5%)	\$71.25
	Total	\$6,350.60

QUALITY WELL SERVICE, INC.

7407

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
5-13-20	12	23S	4W	RENO	KY		
Lease TETEN	Well No. SW0*2		Location Burnett Co. W to Washington Dill				
Contractor CHEYENNE OIL SERVICE INC				Owner N to 4th S 1/2 E N.W into			
Type Job PTH				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.			Charge To VESS			
Csg. 5 1/2	Depth CIBP 3300'			Street			
Tbg. Size 2 7/8	Depth 843'			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 280 5 60/40 3% CL			
EQUIPMENT				145 5 80/20 3% CL			
Pumptrk 8 No.				Common 234 5			
Bulktrk 12 No.				Poz. Mix 141 5			
Bulktrk 15 No.				Gel.			
Pickup No.				Calcium 4114			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar CIBP 3300' 2% CMT Prof 925'				CFL-117 or CD110 CAF 38			
Run tbg to 843'				Sand			
Pump 112 AHD				Handling 447			
Mix Pump 200sc 60/40 CIB CMT				Mileage 80 / 13000			
250 out SHOT DOWN what was what				FLOAT EQUIPMENT			
CMT DOWN 120'				Guide Shoe			
Mix Pump 30sc Bill tbg				Centralizer			
CMT DOWN 250'				Baskets			
DECIDE ORDER MORE CMT + TAG Part in Morning				AFU Inserts			
5-14-20				Float Shoe			
TAG CMT 315' Part 310'				Latch Down			
Mix Pump 100sc 80/20 CIB CMT				SERVICE STOP 1 EA			
Pump 135 5 total				LMV 80			
WOL 1 1/2 Hrs 20' down total 1454				Pumptrk Charge PTA			
TOP OFF 10 5				Mileage 120			
THANK YOU TDD				Tax			
PLEASE CALL AGAIN JJ JAKE				Discount			
X Signature				Total Charge			