

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.

Invoice

**PO Box 468
Pratt, KS 67124**

Date	Invoice #
6/11/2020	2256

252095

PAID
JUL 22 2020

BY: 82510

Bill To
F.G. Holl Company LLC PO Box 308 Ellinwood, KS 67526 Attn: Rob Long

P.O. No.	Terms	Lease Name
	Due 7/3/20	Weber Zink

Description	Qty	Rate	Amount
Rig Time	13	180.00	2,340.00T
Welding	2	75.00	150.00T
Water Truck	4	95.00	380.00T
Phone Calls	1	20.00	20.00T
Clerical	1	25.00	25.00T
Fresh Water	1	30.00	30.00T
<p> JUN 16 2020 ROB LONG Weber Zink 1-6 Barton Co 6/5/20: Drove to location. Rigged up. Pulled tubing out. Drove home. 6/8/20: Drove to location. Perforated. 1,400', 790'. Ran tubing to 3,450'. Pumped 15 sacks gel, 50 sacks cement, 200# hulls. Pulled tubing to 1,400'. Pumped 60 sacks, 100# hulls. Pulled tubing to 800'. Pumped 70 sacks cement. Circulated out 5.5 casing. Pulled tubing out. Hooked up to 5.5 casing. Pumped 115 sacks cement. Circulated out 8 5/8. Tore down rig. Emptied cellar and pit. 6/9/20: Drove to location. Dug out well head. Cut well off 4' below ground. Backfilled cellar. 4071080 Plug well </p>			

Thank You for your business!	Subtotal	\$2,945.00
	Sales Tax (7.5%)	\$220.88
	Total	\$3,165.88

QUALITY WELL SERVICE, INC.

7427

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	6-8-20	Sec.	6	Twp.	20S	Range	13W	County	Barston	State	Ks	On Location		Finish		
Lease	WESSEL-ZINK			Well No.	QW100-16			Location	G1 Bend Rd RR Ave 101							
Contractor	QWS								Owner	100 Bend Rd Sinto						
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	7 7/8								T.D.							
Csg.	5 1/2								Depth	Charge To F.G. HOLL Co. LLC						
Tbg. Size	2 7/8								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 4000 60/40 4 1/2 GEL						
EQUIPMENT									400' hulls 0500 295 2 300' hulls							
Pumptrk	3	No.							Common	177 2						
Bulktrk	12	No.							Poz. Mix	113 2						
Bulktrk		No.							Gel.	2515 "						
Pickup		No.							Calcium							
JOB SERVICES & REMARKS									Hulls 3							
Rat Hole									Salt							
Mouse Hole									Flowseal							
Centralizers									Kol-Seal							
Baskets									Mud CLR 48							
D/V or Port Collar	Ref 1400-790								CFL-117 or CD110 CAF 38							
PT Plug	3 450 15 2 GEL 50 2 60/40 4 1/2 GEL 200'								Sand							
Mix Pump	15 2 GEL								Handling 305							
Mix Pump	50 2 60/40 4 1/2 GEL 200' hulls								Mileage 50 / 8000							
Dep 100'									FLOAT EQUIPMENT							
2" Plug	1400' 60 2 60/40 4 1/2 GEL								Guide Shoe							
Mix Pump	60 2 60/40 4 1/2 GEL 100' hulls								Centralizer							
Dep 100'									Baskets							
3" Plug	1800'								AFU Inserts							
Mix Pump	70 2 60/40 4 1/2 GEL								Float Shoe							
Circ 5 1/2	SHUT DOWN PTOO H								Latch Down							
Hook up to 5 1/2									SERVICE Spv 1 ED							
115 2 60/40 4 1/2 GEL circ 3 1/2									LHV 50							
SHUT DOWN									Pumptrk Charge PTA							
THANK YOU PLEASE CALL HEALIN									Mileage 100							
QWS TO DO MKC 75																
Signature												Tax				
Rob Soney												Discount				
												Total Charge				