

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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 #
6/26/2020	62376 25101

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

P.O. No.	Terms	Lease Name
		Irma Smith 1-10

Description	Qty	Rate	Amount
Rig Time	17	180.00	
Welding	2	75.00	
Water Truck	5	95.00	
Phone Calls	1	20.00	
Clerical	1	25.00	
Fresh Water	1	30.00	
4.5 Casing	2,030	-0.25	
Irma Smith 1-10 Stafford Co			
4/10/19: Drove to location. Pulled rods. Killed well with water. Pulled tubing. Set bridge plug at 3,975'.			
6/16/20: Drove to location. Rigged up. Loaded hole with water. Dug cellar and pit. Drove home.			
6/17/20: Drove to location. Unpacked casing head. Set floor. Pulled slips. Cut surface off 4' below ground. Ripped casing at 2,030'. Came free. Pulled casing up to 1,000'. Pumped 10 sacks gel and 50 sacks cement. Pulled casing to 300'. Pumped 50 sacks cement. Pulled casing to 40'. Pumped 40 sacks cement. Tore down floor and rig. Emptied pit. Backfilled cellar and pit.			

Thank You for your business!	Subtotal
	Sales Tax (7.5%)
	Total

QUALITY WELL SERVICE, INC.

7441

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	6-17-20	Sec.	10	Twp.	24	Range	15	County	Stafford	State	Ks	On Location		Finish	
Lease	10 mi south	Well No.	1-10			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.							
Csg.	4.5							Depth							
Tbg. Size								Charge To							
Tool								F.G Hall							
Cement Left in Csg.								Street							
Meas Line								Depth							
							City								
							State								
							Shoe Joint								
							The above was done to satisfaction and supervision of owner agent or contractor.								
							Cement Amount Ordered								
							1405x 60/40 4% 6-1								
							105x 6-1 on side								
EQUIPMENT															
Pumptrk	3	No.							Common				85		
Bulktrk	15	No.							Poz. Mix				55		
Bulktrk		No.							Gel.				1500#		
Pickup		No.							Calcium				100#		
JOB SERVICES & REMARKS															
Rat Hole							Hulls								
Mouse Hole							Salt								
Centralizers							Flowseal								
Baskets							Kol-Seal								
D/V or Port Collar							Mud CLR 48								
1st Pumped 105x 9-1 505x 60/40							CFL-117 or CD110 CAF 38								
4% 6-1 @ 1000'							Sand								
							Handling 157								
							Mileage 30								
2nd Pumped 505x 60/40 4% 6-1							FLOAT EQUIPMENT								
@ 300'							Guide Shoe								
							Centralizer								
3rd Pumped 405x 60/40 4% 6-1							Baskets								
@ 40' to surface							AFU Inserts								
							Float Shoe								
							Latch Down								
							LMV 30								
							Service supervisor								
							Pumptrk Charge PTA								
							Mileage 60								
												Tax			
												Discount			
												Total Charge			
X Signature															