

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



Service Order No.

3135

457 Yucca Lane • Pratt, Kansas 67124 • 620-388-5676

Date 10/7/2020

| | | | | | |
|--|------------------------------|--------------------------|-------------------------|---------------------------------|---------------------|
| Company <u>Knighton O.I. Company</u> | | | Client Order# <u>OW</u> | | |
| Billing Address <u>Knighton O.I. Company</u> | | City | State | Zip | |
| Lease & Well # <u>Kipp A # 2-W</u> | | Field Name | | Legal Description (coordinates) | |
| County <u>Stafford</u> | State <u>Kansas</u> | Casing Size <u>5 1/2</u> | | Casing Weight | |
| Fluid Level (surface) | | Reading from <u>1220</u> | Customer T.D. | | Excel Wireline T.D. |
| Engineer <u>A. Schneider</u> | Operator <u>K. Schneider</u> | Operator | | Unit# <u>02</u> | |

| Product Code | Description | Qty | Unit Price | Depth | | \$ Amount |
|--------------|-----------------------------|------|------------|-------|------|-----------|
| | | | | From | To | |
| | Freepoint Service | 3790 | | 0 | 3790 | 3987.00 |
| | 1 3/8 Split Shot | | | | | 1050.00 |
| | Cut @ 3760 | | | | | 1050.00 |
| | 5 1/2 CIBP | | | | | 800.00 |
| | Setting Charge @ 3725 | 3725 | Min | 0 | 3725 | 1100.00 |
| | Dump Bauler w/ 2 shs Cement | 3725 | .20 | 0 | 3725 | 745.00 |
| | 1X4 @ 860 | 4 | | | | 1420.00 |
| | Service Charge | | | | | 950.00 |
| | | | | | | 11002.00 |

Received the above service according to the terms and conditions specified below, which we have read and to which we hereby agree.

Customer James L...

| | |
|-----------|------------|
| SUBTOTAL | 11002.00 |
| DISCOUNT | -10652.00 |
| SUBTOTAL | 4350.00 |
| TAX | 326.25 |
| NET TOTAL | \$ 4676.25 |

General Terms and Conditions

- All accounts are to be paid within the terms fixed by Excel Wireline invoices and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice. Interest, Attorney, Court, Filing and other fees will be added to accounts turned over to collections.
- Because of the uncertain conditions existing in a well which are beyond the control of Excel Wireline, it is understood by the customer that Excel Wireline cannot guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.
- Should any of Excel Wireline instruments be lost or damaged in the performance of the operations requested, the customer agrees to make every reasonable effort to recover same, and to reimburse Excel Wireline for the value of the items which cannot be recovered or for the cost of repairing damage to items recovered.
- It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees, and customer hereby certifies that the zones, as shot, were approved.
- The customer certifies that it has the full right and authority to order such work on such well, and that the well in which the work to be done by Excel Wireline is in proper and suitable condition for the performance of said work.
- No employee is authorized to alter the terms or conditions of this agreement.

QUALITY WELL SERVICE, INC.

7504

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 |
|--|---|------|--|-------------------------|-------|-------------|--------|
| 10-12-20 | 23 | 25S | 14W | STAFFORD | KS | | |
| Lease KIPP | Well No. A-2 | | Location STAFFORD PORT C line 211 | | | | |
| Contractor N/A | | | | Owner AW 1/2 N WINTO | | | |
| 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. | | Charge To Knighton Oil Co. Inc | | | | |
| Csg. 5 1/2 | Depth | | Street | | | | |
| Tbg. Size | Depth | | 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 2500 60/40 4 1/2 gal | | | | |
| EQUIPMENT | | | | USED 200 ✓ | | | |
| Pumptrk 8 No. | | | Common 12050 | | | | |
| Bulktrk 10 No. | | | Poz. Mix 3050 | | | | |
| Bulktrk No. | | | Gel. 633 | | | | |
| Pickup No. | | | Calcium | | | | |
| JOB SERVICES & REMARKS | | | | Hulls | | | |
| Rat Hole | | | | Salt | | | |
| Mouse Hole | | | | Flowseal | | | |
| Centralizers | | | | Kol-Seal | | | |
| Baskets | | | | Mud CLR 48 | | | |
| D/V or Port Collar Port B60 | | | | CFL-117 or CD110 CAF 38 | | | |
| Hook up to 5 1/2 csg | | | | Sand | | | |
| Pump 6 Bbl H2O C121 | | | | Handling 207 | | | |
| START MIX Pump 2000 60/40 4 1/2 gal | | | | Mileage 1513750 | | | |
| circ CMT out 95/8 | | | | FLOAT EQUIPMENT | | | |
| SHUT DOWN | | | | Guide Shoe | | | |
| | | | | Centralizer | | | |
| | | | | Baskets | | | |
| | | | | AFU Inserts | | | |
| | | | | Float Shoe | | | |
| | | | | Latch Down | | | |
| | | | | SERVICE SPI 1 EA | | | |
| | | | | LMV P | | | |
| THANK YOU | | | | Pumptrk Charge PTA | | | |
| PLEASE CALL AKAW | | | | Mileage 30 | | | |
| TODD MATH | | | | | | | |
| Signature <i>[Handwritten Signature]</i> | | | | Tax | | | |
| | | | | Discount | | | |
| | | | | Total Charge | | | |