

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 #
11/10/2020	2320

Bill To
Rupe Oil Company, Inc. P.O. Box 783010 Wichita, KS 67278

P.O. No.	Terms	Lease Name
		Blackwelder A 1

Description	Qty	Rate	Amount
Rig Time	18	180.00	3,240.00T
Floor Rental	1	350.00	350.00T
Sand	1	35.00	35.00T
Cement	4	12.00	48.00T
Welding	4	75.00	300.00T
Bored Collar	1	55.00	55.00T
Water Truck	6	95.00	570.00T
Phone Calls	1	20.00	20.00T
Clerical	1	25.00	25.00T
Wiping Rubber	1	20.00	20.00T
Fresh Water	2	30.00	60.00T
Tubing Rental	700	0.50	350.00T

PAID
NOV 17

Blackwelder A 1
Pratt Co

11/4/20:
Drove to location. Rigged up. Had bridge plug at 2,600'. Sanded off bottom. Loaded hole with water, Tagged sand at 2,550'. Dug cellar and pit.

11/5/20:
Drove to location. Bailed 4 sacks cement on sand. Welded 4.5 slip collar on casing. Set floor. Pulled slips. Casing perforated at 2,000'. Pulled casing out. Ran tubing to 700'. Pumped 10 sacks gel, 50 sacks cement. Pulled tubing to 290'. Pumped 50 sacks cement. Pulled tubing to 60'. Pumped 40 sacks cement to surface. Tore down floor and rig. Emptied pit. Topped well off with 10 sacks cement. Backfilled cellar and pit.

Thank You for your business!	Subtotal	\$5,073.00
	Sales Tax (8.25%)	\$418.52
	Total	\$5,491.52

QUALITY WELL SERVICE, INC.

7548

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	11-5-20	Sec.	32	Twp.	29	Range	11	County	Pratt	State	KS	On Location		Finish	
Lease	P.O. Box 468		Well No.		1		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								Depth							
Tool								Depth							
Cement Left in Csg.								Shoe Joint							
Meas Line								Displace							
								The above was done to satisfaction and supervision of owner agent or contractor.							
								Cement Amount Ordered 150 sz 60/40 49 60							
								10 sz Gel on side.							
EQUIPMENT															
Pumptrk	3	No.						Common 90							
Bulktrk	10	No.						Poz. Mix 60							
Bulktrk		No.						Gel. 1500 #							
Pickup		No.						Calcium 2/100 #							
JOB SERVICES & REMARKS															
Rat Hole								Hulls							
Mouse Hole								Salt							
Centralizers								Flowseal							
Baskets								Kol-Seal							
D/V or Port Collar								Mud CLR 48							
1st Pumped 10sz Gel 50sz 60/40								CFL-117 or CD110 CAF 38							
49 6-17 @ 70'								Sand							
								Handling 167							
								Mileage 50							
2nd Pumped 50sz 60/40 49 60								FLOAT EQUIPMENT							
@ 290'								Guide Shoe							
								Centralizer							
3rd Pumped 40sz 60/40 49 60								Baskets							
@ 60' to surface								AFU Inserts							
								Float Shoe							
4th Pumped well to 10sz								Latch Down							
60/40 49 60								1 MV 25							
								Pumptrk Charge PTA							
								Mileage 50							
								Tax							
								Discount							
X Signature								Total Charge							