

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 Wireline Service LLC

PO Box 468
Pratt, KS 67124

Invoice

Date	Invoice #
12/1/2020	911

Bill To
Vincent Oil Corporation 200 W. Douglas, Ste. 725 Wichita, KS 67202

P.O. No.	Terms	Lease Name
		Martin 1

Description	Qty	Rate	Amount
4 1/2" Bridge Plug	2	1,450.00	2,900.00T
Dump Bailer Cement Run	2	750.00	1,500.00T
Truck Charge	1	1,500.00	1,500.00T
Customer Discount		-2,800.00	-2,800.00
Discount expires after 30 days from the date of the invoice.		0.00	0.00
Martin 1 Kiowa Co			
<i>Bridge Plug @ 4940' @ 4700'</i>			

Thank you for your business.	Subtotal	\$3,100.00
	Sales Tax (7.5%)	\$232.50
	Total	\$3,332.50

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
11/23/2020	C-2482

Bill To
Vincent Oil Corporation 200 W. Douglas, Ste. 725 Wichita, KS 67202

P.O. No.	Terms	Lease Name
		Martin #1

Description	Qty	Rate	Amount
Common	90	15.50	1,395.00T
Poz	60	9.50	570.00T
Gel	1,500	0.22	330.00T
Calcium	100	1.20	120.00T
Plug/Pump Charge	1	950.00	950.00T
Handling	167	2.10	350.70T
.08 * sacks * miles	7,515	0.08	601.20T
Service Supervisor	1	150.00	150.00T
LMV	45	3.75	168.75T
Heavy Equipment Mileage	90	8.00	720.00T
Customer Discount		-1,874.47	-1,874.47
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Martin #1 Kiowa Co.			
Thank You for your business!		Subtotal	\$3,481.18
		Sales Tax (7.5%)	\$261.09
		Total	\$3,742.27

QUALITY WELL SERVICE, INC.

7557

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	11-19-20	Sec.	4	Twp.	30	Range	18	County	Kiowa	State	Ks	On Location	Finish	
Lease	Martin	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				Charge To					Vincent
Tbg. Size					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					150 sx 60/40 4% Gel
EQUIPMENT								10 sx Gel on side						
Pumptrk	8	No.					Common		90					
Bulktrk	12	No.					Poz. Mix		60					
Bulktrk		No.					Gel.		1500					
Pickup		No.					Calcium		100					
JOB SERVICES & REMARKS								Hulls						
Rat Hole								Salt						
Mouse Hole								Flowseal						
Centralizers								Kol-Seal						
Baskets								Mud CLR 48						
D/V or Port Collar								CFL-117 or CD110 CAF 38						
1st Pumped 10sx Gel 50sx 60/40 4% Gel @ 1150'								Sand						
								Handling						10.7
								Mileage						45
2nd Pumped 50sx 60/40 4% Gel @ 530'								FLOAT EQUIPMENT						
								Guide Shoe						
								Centralizer						
3rd Pumped 50sx 60/40 4% Gel @ 40' to surface								Baskets						
								AFU Inserts						
								Float Shoe						
								Latch Down						
								LMV 45						
								Service supervisor						
								Pumptrk Charge						PTA
								Mileage						90
								Tax						
								Discount						
X Signature								Total Charge						