

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.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
12/2/2020	C-2487

Bill To
CMX Inc 1700 N Waterfront Pkwy Bldg 300, Ste B Wichita, KS 67206

P.O. No.	Terms	Lease Name
		Kincaid A-1

Description	Qty	Rate	Amount
Common	150	15.50	2,325.00T
Poz	100	9.50	950.00T
Gel	860	0.22	189.20T
Plug/Pump Charge	1	950.00	950.00T
Handling	259	2.10	543.90T
.08 * sacks * miles	5,300	0.08	424.00T
Additional Hours	2	250.00	500.00T
Service Supervisor	1	150.00	150.00T
LMV	35	3.75	131.25T
Heavy Equipment Mileage	70	8.00	560.00T
Customer Discount		-3,026.00	-3,026.00
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Kincaid A-1 Barber Co			

Thank You for your business!	Subtotal	\$3,697.35
	Sales Tax (7.5%)	\$277.30
	Total	\$3,974.65

QUALITY WELL SERVICE, INC.

7555

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	11-30-20	Sec.	1	Twp.	34S	Range	14W	County	BARBEC	State	Ks	On Location		Finish	
Lease	KINCAID			Well No.	A-1			Location							
Contractor								Owner							
Type Job								To Quality Well Service, Inc.							
Hole Size								You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Csg.								Charge To							
Tbg. Size								Street							
Tool								City							
Cement Left in Csg.								State							
Meas Line								The above was done to satisfaction and supervision of owner agent or contractor.							
EQUIPMENT								Cement Amount Ordered							
Pumptrk								150' hulls							
Bulktrk								Common							
Bulktrk								Poz. Mix							
Pickup								Gel.							
JOB SERVICES & REMARKS								Calcium							
Rat Hole								Hulls							
Mouse Hole								Salt							
Centralizers								Flowseal							
Baskets								Kol-Seal							
D/V or Port Collar								Mud CLR 48							
Tubing								CFL-117 or CD110 CAF 38							
Pump H2O Est size								Sand							
Mud Pump								Handling							
Disp								Mileage							
PTOOTH								FLOAT EQUIPMENT							
PELF								Guide Shoe							
Tubing								Centralizer							
Pump								Baskets							
Mud Pump								AFU Inserts							
PTOOTH								Float Shoe							
Assemble to 4 1/2 csg								Latch Down							
Mud Pump								SERVICE SPI							
+ hole								LNU							
								Pumptrk Charge							
								Mileage							
								Tax							
								Discount							
Signature								Total Charge							