

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 #
4/21/2021	C-2584

Bill To
Vess Oil Corporation 1700 Waterfront PKWY BLDG. 500 Wichita, KS 67206-6619

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

Description	Qty	Rate	Amount
Common	165	15.50	2,557.50T
Calcium	100	1.20	120.00T
Plug/Pump Charge	1	950.00	950.00T
Handling	167	2.10	350.70T
.08 * sacks * miles	8,350	0.08	668.00T
LMV	50	3.75	187.50T
Service Supervisor	1	150.00	150.00T
Heavy Equipment Mileage	100	8.00	800.00T
Customer Discount		-2,024.30	-2,024.30
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Holder #1 Sedgwick Co			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	Subtotal	\$3,759.40
	Sales Tax (7.5%)	\$281.96
	Total	\$4,041.36

QUALITY WELL SERVICE, INC.

7647


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	4-20-21	Sec.	19	Twp.	21S	Range	4W	County	Sedgwick	State	Kc	On Location		Finish					
Lease	Holder		Well No.		7		Location									CHENEY EXPT 251 1 1/2 N 3/4 W			
Contractor	STEVE'S WELL SERVICE INC							Owner									S: E into		
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.																
Csg.	4 1/2		Depth		Charge To									VESSE OIL Corp					
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									235 sc (Common)					
EQUIPMENT										65 CC 0.12100									
Pumptrk	8	No.			Common									165 sc					
Bulktrk	10	No.			Poz. Mix														
Bulktrk		No.			Gel.														
Pickup		No.			Calcium									100 ^{lb}					
JOB SERVICES & REMARKS										Hulls									
Rat Hole					Salt														
Mouse Hole					Flowseal														
Centralizers					Kol-Seal														
Baskets	circ 3670				Mud CLR 48														
D/V or Port Collar	PERTS 300-311 4SPF				CFL-117 or CD110 CAF 38														
	1st PUG 300				Sand														
	M.K. Pump 57 sc (Common) 3/4 CC				Handling									167					
	Disp to 700'				Mileage									50 / 9350					
	WOL TAG CAT 650'				FLOAT EQUIPMENT														
	PERF 311'				Guide Shoe														
	START M.V.C. Pump 115 sc (Common)				Centralizer														
	Circ CAT TO P.T.				Baskets														
					AFU Inserts														
					Float Shoe														
					Latch Down														
					LWN 50														
					SERVICE SUP 1 EA														
	Thank you				Pumptrk Charge									PTA					
	PLEASE CALL AGAIN				Mileage									100					
	TODD MIKE MIT																		
X														Tax					
Signature														Discount					
										Total Charge									