

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.

7680

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					
6-4-21	5	24S	23W	Hodgeman	KS							
Lease <i>BORREL</i>	Well No. <i>1-5</i>		Location <i>Hodgeman / Ford Co line N to G Rd</i>									
Contractor <i>L D Delg RG #1</i>	Owner <i>1/2 E SW 1/4</i>			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.								
Type Job <i>Surface</i>	T.D. <i>359'</i>		Charge To <i>Vincent Oil Corp</i>									
Hole Size <i>12 1/4</i>	Depth <i>355'</i>		Street									
Csg. <i>85/8 23*</i>	Depth		City									
Tbg. Size	Depth		State									
Tool	Depth		City									
Cement Left in Csg. <i>25</i>	Shoe Joint <i>25</i>		The above was done to satisfaction and supervision of owner agent or contractor.									
Meas Line	Displace <i>21</i>		Cement Amount Ordered <i>200 lbs Common</i>									
EQUIPMENT			<i>2 1/2 GEL 3 1/2 CC 1/2" PS</i>									
Pumptrk <i>8</i> No.			Common <i>250</i>									
Bulktrk <i>7</i> No.			Poz. Mix									
Bulktrk No.			Gel. <i>470*</i>									
Pickup No.			Calcium <i>750*</i>									
JOB SERVICES & REMARKS			Hulls									
Rat Hole			Salt									
Mouse Hole			Flowseal <i>125</i>									
Centralizers			Kol-Seal									
Baskets			Mud CLR 48									
D/V or Port Collar			CFL-117 or CD110 CAF 38									
<i>RUN B-H's 85/8 23" CSG SET @ 355</i>			Sand									
<i>CSG ON BOTTOM? Hook up to CSG &</i>			Handling <i>270</i>									
<i>BREAK CIRC W/12 1/4</i>			Mileage <i>75 / 7500</i>									
<i>START PUMPING 10 BBLs H2O</i>			FLOAT EQUIPMENT									
<i>START MK: Pump 250 sc</i>			Guide Shoe									
<i>Common 2 1/2 GEL 3 1/2 CC 1/2" PS @ 14.3/min</i>			Centralizer									
<i>SHUT DOWN RELEASE 85/8 WOODEN PLK</i>			Baskets									
<i>START DISO</i>			AFU Inserts									
<i>Flag Down</i>			Float Shoe									
<i>21 Bbls total</i>			Latch Down									
<i>Close Valve on CSG 150*</i>			LMV 75									
<i>Good size thru TOP</i>			SERVICE Spv 1 FA									
<i>Circ CUT TO SURFACE</i>			Pumptrk Charge <i>SFL 0-500</i>									
			Mileage <i>150</i>									
<i>THANK YOU</i>			Tax									
<i>PLEASE CALL AGAIN</i>								Discount				
<i>TODD MILK MATY</i>												
X Signature												



785-953-0222

TICKET NUMBER 1194 K
 LOCATION Horton, Ks
 FOREMAN Walt Dinkel

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-16-21		Barger #1-5	5	24 ^S	23 ^W	Ford
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Vincent Oil Corporation			103	103 Cory D.		
MAILING ADDRESS			800-850	Francisco		
CITY	STATE	ZIP CODE				

Jettmore
 South to
 Rd G
 2 East
 1/2 S

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4830' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13,5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, Rig up on L-D Dlg, Plug is ordered

50 sks @ 16.50'
50 sks @ 8.10'
50 sks @ 3.00'
20 sks @ 26.00' Wooden Plug
30 sks in R.H.

Thank You
Walt & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
	1	PUMP CHARGE	1,500 ⁰⁰	1,500 ⁰⁰
	45	MILEAGE	7 ¹⁵	321 ⁷⁵
	8.6	Ton Mileage Delivery	1 ⁷⁵	677 ²⁵
	200 sks	Lite Weight Blend V	16 ⁰⁰	3,200 ⁰⁰
	1	8 5/8" Wooden Plug	165 ⁰⁰	165 ⁰⁰
	50 #	Flu Seal	3 ⁰⁰	150 ⁰⁰
				6,014 ⁰⁰
			Less 35% Disc.	2,104 ⁹⁰
				3,909 ¹⁰
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Walt Dinkel TITLE _____ DATE _____

I acknowledge that the payments terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.