

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 #
6/21/2021	C-2626

Bill To
Knighton Oil Co 1700 N. Waterfront Parkway Bldg. 100-Suite A Wichita KS 67206-6614

P.O. No.	Terms	Lease Name
		OYK, LLC #2 SWD

Description	Qty	Rate	Amount
Common	105	15.50	1,627.50
Poz	70	9.50	665.00
Gel	2,100	0.22	462.00
Calcium	100	1.20	120.00
Plug/Pump Charge	1	950.00	950.00
Handling	198	2.10	415.80
.08 * sacks * miles	12,000	0.08	960.00
Service Supervisor	1	150.00	150.00
LMV	65	3.75	243.75
Heavy Equipment Mileage	130	8.00	1,040.00
Customer Discount		-2,321.91	-2,321.91
Discount Expires after 30 days from the date of the invoice		0.00	0.00
OYK, LLC #2 SWD			
Clark Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	Subtotal	\$4,312.14
	Sales Tax (6.5%)	\$0.00
	Total	\$4,312.14

QUALITY WELL SERVICE, INC.

7694

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
4-16-21	23	30	22	Clark	KS		
Lease	Well No.		Location				
OKK	2 000						
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.			Charge To			
Csg.	Depth			To Completion Oil			
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 175 cu 60/40 4% 601			
EQUIPMENT							
Pumptrk	No.			Common 165			
Bulktrk	No.			Poz. Mix 70			
Bulktrk	No.			Gel. 2100#			
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			
1" Pumped 15 cu gal 50 cu 60/40 4% 601 @ 1380'				Sand			
				Handling 198			
				Mileage 65			
2nd Pumped 50 cu 60/40 4% 601 @ 640'				FLOAT EQUIPMENT			
				Guide Shoe			
				Centralizer			
3rd Pumped 40 cu 60/40 4% 601 @ 250'				Baskets			
				AFU Inserts			
				Float Shoe			
4th Pumped 35 cu 60/40 4% 601 @ 40' to surface.				Latch Down			
				1111 65			
				Service provided			
				Pumptrk Charge PTA			
				Mileage 130			
				Tax			
				Discount			
X Signature				Total Charge			