

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.

(Print Name) Employee of Operator or Operator on above-described well,

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

ity Well Service, Inc.

Invoice

PO Box 468
Pratt, KS 67124

Date	Invoice #
6/25/2021	C-2632

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 #1 OWWO

Description	Qty	Rate	Amount
Common	105	15.50	1,627.50T
Poz	65	9.50	617.50T
Gel	2,100	0.22	462.00T
Calcium	100	1.20	120.00T
Plug/Pump Charge	1	950.00	950.00T
Handling	193	2.10	405.30T
.08 * sacks * miles	12,000	0.08	960.00T
Service Supervisor	1	150.00	150.00T
LMV	65	3.75	243.75T
Heavy Equipment Mileage	130	8.00	1,040.00T
Customer Discount		-2,301.61	-2,301.61
Discount Expires after 30 days from the date of the invoice		0.00	0.00
OYK, LLC #1 OWWO Clark Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!

Subtotal	\$4,274.44
Sales Tax (6.5%)	\$277.84
Total	\$4,552.28

QUALITY WELL SERVICE, INC.

7701

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	6-27-21	Sec.	23	Twp.	30	Range	22	County	Clark	State	Ks	On Location		Finish		
Lease	BYK	Well No.	10WMO			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.	55							Depth								
Tbg. Size								Depth								
Tool								Depth								
Cement Left in Csg.								Shoe Joint								
Meas Line								Displace								
EQUIPMENT										Cement Amount Ordered 170 ss 60/40 4% Gel						
										15 ss Gel on site						
Pumptrk	3		No.						Common 105							
Bulktrk	10		No.						Poz. Mix 65							
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 st Pumped 15 ss Gel 50 ss 60/40										Sand						
4% Gel @ 1380'										Handling 193						
										Mileage 65						
2 nd Pumped 50 ss 60/40 4% Gel										FLOAT EQUIPMENT						
@ 620'										Guide Shoe						
										Centralizer						
3 rd Pumped 40 ss 60/40 4% Gel										Baskets						
@ 280'										AFU Inserts						
										Float Shoe						
4 th Pumped 20 ss 60/40 4% Gel										Latch Down						
@ 40' to surface										LMV 65						
										Source Supervisor						
										Pumptrk Charge PTA						
										Mileage 130						
										Tax						
										Discount						
X Signature										Total Charge						