

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

Form	CP4 - Well Plugging Record
Operator	Vincent Oil Corporation
Well Name	O'SLASH CATTLE 11 1
Doc ID	1616474

Producing Formations

Formation	Top	Bottom	Total Depth
Morrow A	5094		
Morrow B	5110		
Mississippian	5140		
			5352

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
2/1/2022	C-2817

Bill To
Vincent Oil Corporation 200 W. Douglas, Ste. 725 Wichita, KS 67202

P.O. No.	Terms	Lease Name
		O'Slacsh Cattle 11 #1

Description	Qty	Rate	Amount
Common	80	16.75	1,340.00T
Poz	50	9.50	475.00T
Gel	1,500	0.22	330.00T
Calcium	100	1.20	120.00T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	147	2.10	308.70T
.10 * sacks * miles	8,820	0.10	882.00T
Service Supervisor	1	325.00	325.00T
LMV	60	4.50	270.00T
Heavy Equipment Mileage	120	9.50	1,140.00T
Customer Discount		-1,887.21	-1,887.21
Discount Expires after 30 days from the date of the invoice		0.00	0.00
O'Slash Cattle 11 #1 Ford Co.			

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

Subtotal	\$4,403.49
Sales Tax (7.65%)	\$336.87
Total	\$4,740.36

QUALITY WELL SERVICE, INC.

7878

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	1-25-22	Sec.	11	Twp.	28	Range	23	County	Ford	State	KS	On Location	Finish
Lease	O'Slash cattle			Well No.	11-1			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.	5.5							Depth					
Tbg. Size								Charge To					
Tool								Vicent					
Cement Left in Csg.								Street					
Meas Line								Depth					
							City						
							State						
							Shoe Joint						
							The above was done to satisfaction and supervision of owner agent or contractor.						
							Displace						
							Cement Amount Ordered						
							130.5x 60/40 4 1/2 6x1						
EQUIPMENT													
Pumptrk	3	No.						10.5x 6x1 on side					
Bulktrk	7	No.						Common 80					
Bulktrk		No.						Poz. Mix 50					
Pickup		No.						Gel. 1500					
							Calcium 100						
JOB SERVICES & REMARKS													
							Hulls						
							Salt						
							Flowseal						
							Kol-Seal						
							Mud CLR 48						
							CFL-117 or CD110 CAF 38						
							Sand						
							Handling 147						
							Mileage 60						
FLOAT EQUIPMENT													
							Guide Shoe						
							Centralizer						
							Baskets						
							AFU Inserts						
							Float Shoe						
							Latch Down						
							LMV 60						
							Service Supervisor						
							Pumptrk Charge PTA						
							Mileage 120						
							Tax						
							Discount						
							Total Charge						
<input checked="" type="checkbox"/> Signature													