

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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 #
4/6/2022	C-2866

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

P.O. No.	Terms	Lease Name
		Swonger 5-4

Description	Qty	Rate	Amount
Common	102	16.75	1,708.50T
Poz	68	9.50	646.00T
Gel	585	0.22	128.70T
Flo-Seal	43	3.70	159.10T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	176	2.10	369.60T
.10 * sacks * miles	10,560	0.10	1,056.00T
Service Supervisor	1	325.00	325.00T
LMV	60	4.50	270.00T
Heavy Equipment Mileage	120	9.50	1,140.00T
Customer Discount		-1,725.73	-1,725.73
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Swonger 5-4 Ford Co.			
PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!			Subtotal \$5,177.17
			Sales Tax (7.5%) \$388.29
			Total \$5,565.46

QUALITY WELL SERVICE, INC.

7931

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	4-4-22	Sec.	4	Twp.	29S	Range	23W	County	FORD	State	KS	On Location		Finish	
Lease	SWONGER			Well No.	5-4			Location							
Contractor	DUKE DELG BGS #1							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	7 7/8			T.D.			Charge To								
Csg.				Depth			VINCENT OIL CO. CO.								
Tbg. Size	4 1/2 OP			Depth			Street								
Tool				Depth			City								
Cement Left in Csg.				Shoe Joint			State								
Meas Line				Displace			The above was done to satisfaction and supervision of owner agent or contractor.								
EQUIPMENT							Cement Amount Ordered								
							170 4" 60/40 4 1/2 GEL								
Pumptrk	8	No.					1/4" PS								
Bulktrk	15	No.					Common 102 SK								
Bulktrk		No.					Poz. Mix 6.3 SK								
Pickup		No.					Gel. 535 #								
JOB SERVICES & REMARKS							Calcium								
							Hulls								
Rat Hole	3x 60/40 4 1/2 GEL 1/4" PS						Salt								
Mouse Hole	204 60/40 4 1/2 GEL 1/4" PS						Flowseal 43 #								
Centralizers							Kol-Seal								
Baskets							Mud CLR 48								
D/V or Port Collar							CFL-117 or CD110 CAF 38								
PT Plug 1500'							Sand								
Pump H2O							Handling 176								
Mix Pump 524 60/40 4 1/2 GEL 1/4" PS							Mileage 60 / 10,560								
Pump H2O							FLOAT EQUIPMENT								
Disg m 10							Guide Shoe								
2nd Plug 1650'							Centralizer								
Pump H2O							Baskets								
Mix Pump 524 60/40 4 1/2 GEL 1/4" PS							AFU Inserts								
Disg H2O							Float Shoe								
3rd Plug 160'							Latch Down								
							SERVICE SUP 1 EA								
							LMV 60								
THANK YOU							Pumptrk Charge PTA								
PLEASE CALL ARIAN							Mileage 120								
TOMMY MIKE NATHAN							Tax								
							Discount								
Signature Mike Leeper							Total Charge								