

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	Ramshorn Resources, LLC
Well Name	MARSH 1-27
Doc ID	1647427

Producing Formations

Formation	Top	Bottom	Total Depth
Kansas City	4401	4405	4405
Swope	4500	4504	4504
Woodford	4896	4898	4898
Viola	4925	4936	4936



2510

1013 240th AVENUE • HAYS, KANSAS 67601 • 785-621-2135

Date 3-21-22

CHARGE TO: Ramshorn Resources
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. Verbel OW
 LEASE AND WELL NO. Marsh 1-27 FIELD _____
 NEAREST TOWN Deerhead COUNTY Barber STATE Kansas
 SPOT LOCATION _____ SEC. 27 TWP. 32S RANGE 15W
 ZERO 8' AGL CASING SIZE 5 1/2 WEIGHT _____
 CUSTOMER'S T.D. 8540 5017 LOG-TECH TD 5140 FLUID LEVEL 880'
 ENGINEER S. Marmont OPERATOR D. Hamwood

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	
<u>Perforate 3 1/2 2x6spt</u>	<u>12</u>	<u>4896</u>	<u>4898</u>	<u>2050⁰⁰</u>

DEPTH AND OPERATIONS CHARGES					
Description	Depth		Total No. Ft	Price Per Ft	Amount
	From	To			
<u>5 1/2 Cost Iron Bridge Plus</u>		<u>4916</u>			<u>1425⁰⁰</u>
<u>Setting Charge</u>	<u>Q</u>	<u>4916</u>	<u>4916</u>		<u>1925⁰⁰</u>

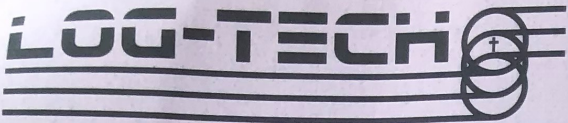
MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>	<u>1</u>	<u>150⁰⁰</u>
<u>T.J. 12:00</u>		
<u>A.O.L. 11:30</u>		
<u>S.J. 12:00</u>		
<u>F.J.</u>	<u>T.W.T.</u>	

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Sub Total	<u>6900⁰⁰</u>
Tax	
Total	

Mark Childers 3/21/22
 Customer Signature Date



2515

1013 240th AVENUE • HAYS, KANSAS 67601 • 785-621-2135

Date 3-25-22

CHARGE TO: RAMSHORN RESOURCES
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. Verbal (aw)
 LEASE AND WELL NO. Marsh #1-27 FIELD _____
 NEAREST TOWN Dickhead COUNTY Barber STATE Kansas
 SPOT LOCATION _____ SEC. 27 TWP. 37S RANGE 15W
 ZERO 8' AGL CASING SIZE 5 1/2" @ TD WEIGHT _____
 CUSTOMER'S T.D. _____ LOG-TECH TD _____ FLUID LEVEL 930'
 ENGINEER S. Clement OPERATOR J. Schneider

PERFORATING

Description	No. Shots	Depth		Amount	
		From	To		
<u>Perforate w/3.375" HFC (42)</u>	<u>12</u>	<u>4500</u>	<u>4504</u>	<u>2350</u>	<u>00</u>
<u>4497.5</u>					
<u>2.5</u>					
<u>4500.0</u>					

DEPTH AND OPERATIONS CHARGES

Description	Depth	Total No. Pt	Price Per Pt	Amount	
				From	To
<u>Set 5 1/2" C.I.P.P</u>	<u>@</u>	<u>4850</u>	<u>MIN</u>	<u>1425</u>	<u>00</u>
<u>Depth Charge</u>			<u>4850.20</u>	<u>1425</u>	<u>00</u>
<u>Dump 2 SX Cement w/Railor</u>	<u>0</u>	<u>4850</u>	<u>4850.20</u>	<u>970</u>	<u>00</u>

MISCELLANEOUS

Description	Quantity	Amount
<u>Service Charge Truck Rental #1902</u>		<u>1500</u>
<u>T.J. ON ARRIVAL</u>		
<u>A.O.L. 1:15 PM</u>		
<u>S.J. 1:30 PM</u>		
<u>F.J. 2:30 PM</u>		
T.W.T. <u>X</u>		

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

..... Sub Total	<u>7700</u>
..... Tax	
..... Total	

Customer Signature

Date

Total

S. Clement 3/25/22

Date 3-29-2022

CHARGE TO: Ramshorn Resources, LLC
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. OW
 LEASE AND WELL NO. Marsh # 1-27 FIELD Deerhead
 NEAREST TOWN Aetna COUNTY Barber STATE Kansas
 SPOT LOCATION 1840' FUL + 1685' FEL SEC. 27 TWP. 32S RANGE 15W
 ZERO K13 8' AGL CASING SIZE 5 1/2 WEIGHT _____
 CUSTOMER'S T.D. 5140 LOG-TECH TD _____ FLUID LEVEL 1250'
 ENGINEER S. Chesney OPERATOR D. Homewood

PERFORATING

Description	No. Shots	Depth		Amount
		From	To	
Perf 3 3/8 HEC 4x4	16	4401	4405	2550.00
4398.5				
2.5				
4401				

DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Pt	Price Per Pt	Amount
	From	To			
Setting Charge	0	4480			1500.00
5 1/2 C.Z.B.P.	4480				1425.00
Cement Bailer 25x	0	4480			1000.00
4472.5					
7.5					
4480					

MISCELLANEOUS

Description	Quantity	Amount
Service Charge <u>T904</u>		1500.00
T.J.		
A.O.L.		
S.J.		
F.J. T.W.T.		

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

..... Sub Total	<u>7975.00</u>
..... Tax	
.....	
..... Total	

[Signature]
Customer Signature

3-29-22
Date

QUALITY WELL SERVICE, INC.

7967

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	5-31-22	Sec.	27	Twp.	32S	Range	15W	County	Barber	State	Ks	On Location		Finish	
Lease	Marsh	Well No.	1-27			Location						160' DEERHEAD AETNA RD 3S			
Contractor	M: M Well Service						Owner						I. S. W. S. N. T. O.		
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	5 1/2			T.D.			Charge To						M: M Well Service LLC		
Csg.	Depth						Street						P.O. Box 237		
Tbg. Size	Depth						City						MEDICINE LODGE State Ks 67104		
Tool	Depth						Cement Left in Csg.						Shoe Joint		
The above was done to satisfaction and supervision of owner agent or contractor.						Cement Amount Ordered						150 x 60/40 4% GEL			
Meas Line	Displace						EQUIPMENT						10 x GEL		

Pumptrk	3	No.		Common	875x
Bulktrk	10	No.		Poz. Mix	535x
Bulktrk		No.		Gel.	1000"
Pickup		No.		Calcium	

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
15' Plug @ 360'						Sand
10 x GEL						Handling 155
50 x 60/40 4% GEL						Mileage 30/4650

DISP						FLOAT EQUIPMENT					
22' Plug @ 340'						Guide Shoe					
50 x 60/40 4% GEL						Centralizer					
DISP						Baskets					
32' Plug @ 62'						AFU Inserts					
35 x 60/40 4% GEL						Float Shoe					
cicc cur to pit						Latch Down					
PFOO H						Service Sp 1 EA					
TOP OFF 10 x 60/40 4% GEL						LMV 30					

Pumptrk Charge						PTA
Mileage						60
Tax						3861.19
Discount						+ TAXES
Total Charge						

THANK YOU
PLEASE CALL AGAIN
TODAY M. K. BRYAN

X Signature