

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 Wireline Services, LLC

Service Order No.
0923

30060 N. Hwy 281 • P.O. Box 468 • Pratt, Kansas 67124 • 580-231-9329 or 620-727-6964 • Fax 620-672-3663

Date 5-11-22

Company <u>N-10 Exploration</u>			Client Order #		
Billing Address		City	State	Zip	
Lease & Well # <u>Medicine River Ranch B-1</u>		Field Name		Legal Description (coordinates) <u>15 34-11</u>	
County <u>Barber</u>	State <u>KS</u>	Casing Size <u>5.5</u>	Casing Weight		
Fluid Level (surface)	Reading From	Customer T.D.	Quality Wire Line T.D.		
Engineer <u>D. Brady</u>	Operator	Operator	Unit# <u>2</u>		

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<u>CTBP 5.5</u>	<u>1</u>	<u>1550</u>	<u>0</u>	<u>4535</u>	<u>1550-</u>
	<u>250 cement Dump baylor</u>	<u>1</u>	<u>750</u>	<u>0</u>	<u>4535</u>	<u>750-</u>
	<u>Service supervisor</u>	<u>1</u>	<u>1500</u>			<u>1500-</u>

SUBTOTAL	<u>3800-</u>
DISCOUNT	<u>1710-</u>
SUBTOTAL	<u>2090-</u>
TAX	<u>156.75</u>
NET TOTAL	<u>2246.75</u>

Customer _____

QUALITY WELL SERVICE, INC.

7970

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	5-16-22	Sec.	15	Twp.	34	Range	11	County	Barber	State	Ks	On Location		Finish	
Lease	Medicine River Ranch		Well No.	B-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					Charge To N-10 Exploration				
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 145 sy 60/40 49.6cl				
EQUIPMENT										5sy 6cl on side					
Pumptrk	3	No.				Common 90									
Bulktrk	7	No.				Poz. Mix 55									
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					
1st Pumped 5sy 6cl 50sy 60/40										Sand					
49 6cl @ 600'										Handling 155					
										Mileage 50					
2nd Pumped 50sy 60/40 49 6cl										FLOAT EQUIPMENT					
@ 320'										Guide Shoe					
										Centralizer					
3rd Pumped 35sy 60/40 49 6cl										Baskets					
@ 40' to surface										AFU Inserts					
										Float Shoe					
4th Topped off well with 10sy										Latch Down					
60/40 49 6cl										LMV 50					
										Service supervisor					
										Pumptrk Charge PTA					
										Mileage 100					
										Tax					
										Discount					
										Total Charge					
X Signature															