KOLAR Document ID: 1668203

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

Address 1:	OPERATOR: License #:	API No. 15
Address 2:	Name:	Spot Description:
Address 2:	Address 1:	Sec Twp S. R East West
Contact Person:		Feet from North / South Line of Section
Phone: ()	City: State: Zip: +	Feet from East / West Line of Section
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: County: Lease Name: Well #: ENHR Permit #: Gas Storage Permit #: Date Well Completed: The plugging proposal was approved on: Date Well Completed: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Method to Top: Bottom: T.D. Plugging Commenced: Plugging Completed: Plugging Completed: Plugging Completed: Plugging Completed: Plugging Completed:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Water Supply Well Other: SWD Permit #: County. ENHR Permit #: Gas Storage Permit #: Lease Name: Well #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (<i>If needed attach another sheet</i>)	Phone: ()	NE NW SE SW
	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.	Lease Name: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: (KCC District Agent's Name)
		Plugging Completed:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	r Records	Casing Record (Surface, Conductor & Production)			tion)
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,	, \$\$.	
(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

Quality Wireline Services, LLC

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

							Date 7-2	5-22	
Company <u>A + B oil + Ga</u> Billing Address	(Client Order #		
Billing Address		City	City State			State	Zip		
Lease & Well #	1		Fiel	d Name			Legal Description	(coordinates)	
County 2-13-						$\frac{2 - 3}{2}$ Casing Weight			
Clark .	State K S		Casing Size				Casing Weight		
Fluid Level (surface)	Reading From			Customer T.D. Operator			Quality Wire Line	uality Wire Line T.D.	
Engineer D. Brady	Operator						Unit#		
Product Code	Description			Qty	Unit Prid	Ce From	Depth To	\$ Amount	
CIBP 5.	5			1	1550		6160	1550-	
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						DISCOU	NT 15	20-	
						SUBTOT	AL 22	80-	
stomer						T/	AX /	48.20	
or Printing, Inc 620-672-3656						NET TOT		18 20	
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QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

Federal Tax I.D. # 481187368 Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-786-6992 Fax 620-672-3663 Todd's Cell 620-388-4967 Brady's Cell 620-727-6964

		Twp.	Range		County	State	On Location	Finish		
Date 9-27-22	2	31	21	(lark	KS				
Lease Bigney	Well	No. á	2-13-6	Locati	ion					
Contractor Quality Well Service				Owner						
Type Job PTA					To Quality We	ell Service, Inc.	cementing equipment	t and furnish		
Hole Size T.D.					cementer and	d helper to assist ow	ner or contractor to do	work as listed.		
Csg. 5.5	D	epth			Charge /	2+B all +	Gar			
Tbg. Size	D	epth		1. A.	Street					
Tool	D	epth			City		State			
Cement Left in Csg.	SI	hoe Jo	int		The above was	s done to satisfaction a	nd supervision of owner a	agent or contractor.		
Meas Line	and a lot of the state of the state	isplace			Cement Amo	unt Ordered 16	55× 6014	0 44		
	EQUIPMEN	Т			Gel	105x 601	on side			
Pumptrk 3 No.					Common /	00				
Bulktrk 15 No.		1	Real Providence		Poz. Mix 4	05				
Bulktrk No.					Gel. 1500)#				
Pickup No.					Calcium					
JOB SER	VICES & F	REMAR	RKS		Hulls					
Rat Hole	and the second				Salt					
Mouse Hole					Flowseal					
Centralizers	and a start				Kol-Seal					
Baskets			and the second second		Mud CLR 48					
D/V or Port Collar		and the second second			CFL-117 or CD110 CAF 38					
15' Pumped 1	OSK 1	Gel	50SX		Sand					
60/40 42 6	el D	12	60'		Handling 180					
		1		and the second	Mileage 6	5				
200 Pumped 505x 60/40 48 601				601		FLOAT EQUIPME	INT			
2 700					Guide Shoe					
	和资料			E The L	Centralizer					
3d Pumped 455x 60/40 48					Baskets					
601 2' 40'	to su	fai	rp.		AFU Inserts					
			and the rest of		Float Shoe					
14 Topped well off with					Latch Down					
20 x 60/40 450 601					LMU 65					
	1	and the second			Service	SUPAVISOR				
					Pumptrk Charge PTA					
					Mileage	130				
							Tax			
			「大学会会会				Discount			
X Signature							Total Charge			