

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

SURF. CSQ.

Quality Well Service, Inc.

Invoice

**PO Box 468
Pratt, KS 67124**

| | |
|------------|-----------|
| Date | Invoice # |
| 12/16/2022 | C-3129 |

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

| | | |
|----------|-------|---------------|
| P.O. No. | Terms | Lease Name |
| | | Maloney #3-15 |

| Description | Qty | Rate | Amount |
|---|-------|-----------|--------------------------------|
| Common | 165 | 16.75 | 2,763.75 |
| Poz | 110 | 9.50 | 1,045.00 |
| Gel | 473 | 0.22 | 104.06 |
| Calcium | 710 | 1.20 | 852.00 |
| Flo-Seal | 138 | 3.70 | 510.60 |
| SFC 0-500' | 1 | 950.00 | 950.00 |
| Handling | 289 | 2.10 | 606.90 |
| .10 * sacks * miles | 8,670 | 0.10 | 867.00 |
| Service Supervisor | 1 | 325.00 | 325.00 |
| LMV | 30 | 4.50 | 135.00 |
| Heavy Equipment Mileage | 60 | 9.50 | 570.00 |
| Customer Discount | | -1,745.87 | -1,745.87 |
| Discount Expires after 30 days from the date of the invoice | | 0.00 | 0.00 |
| Maloney #3-15 Kingman Co. | | | |
| PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Happy Holidays! | | | Subtotal \$6,983.44 |
| | | | Sales Tax (8.0%) \$0.00 |
| | | | Total \$6,983.44 |

QUALITY WELL SERVICE, INC.

8192

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

| Date | Sec. | Twp. | Range | County | State | On Location | Finish |
|------------------------------------|------------------|------|--|---|-------|-------------|--------|
| 12-10-22 | 15 | 20S | 09W | Kingman | Ks | | |
| Lease | Well No. | | Location | | | | |
| MAKONET | 3-15 | | | | | | |
| Contractor | Duke Dels Digs | | | Owner | | | |
| Type Job | SURFACE | | | 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. | | Charge To | | | | |
| 17 1/4 | 315' | | VINCENT OIL CORP | | | | |
| Csg. | Depth | | Street | | | | |
| 85/B 23' | 310 | | | | | | |
| Tbg. Size | Depth | | City | | | | |
| | | | State | | | | |
| Tool | Shoe Joint | | The above was done to satisfaction and supervision of owner agent or contractor. | | | | |
| | 20 | | | | | | |
| Cement Left in Csg. | Displace | | Cement Amount Ordered | | | | |
| | 1856 | | 275 56 60/40 | | | | |
| Meas Line | EQUIPMENT | | | 2 1/2 GAL 3/4" 1/2" HP | | | |
| Pumptrk | No. | | Common | | | | |
| 15 | | | 1654 | | | | |
| Bulktrk | No. | | Poz. Mix | | | | |
| | | | 1174 | | | | |
| Bulktrk | No. | | Gel. | | | | |
| | | | 473 1/2 | | | | |
| Pickup | No. | | Calcium | | | | |
| | | | 710" | | | | |
| JOB SERVICES & REMARKS | | | FLOAT EQUIPMENT | | | | |
| Rat Hole | | | Hulls | | | | |
| Mouse Hole | | | Salt | | | | |
| Centralizers | | | Flowseal 138" | | | | |
| Baskets | | | Kol-Seal | | | | |
| D/V or Port Collar | | | Mud CLR 48 | | | | |
| Run 7-15 85/B 23' Csg Set @ 310' | | | CFL-117 or CD110 CAF 38 | | | | |
| START Csg Csg on Bottom | | | Sand | | | | |
| Hook up to Csg! Break Csg w/ PIG | | | Handling 289 | | | | |
| START RUNNING H2O | | | Mileage 30/9670 | | | | |
| START MIX! Pump 275 56 60/40 | | | | | | | |
| 2 1/2 GAL 3/4" 1/2" HP @ 14.74/GAL | | | | | | | |
| START DISO | | | | | | | |
| Plow down | | | | | | | |
| Close valve on csg | | | | | | | |
| Good csg thru job | | | | | | | |
| Circ. MT TO BIT | | | | | | | |
| THANK YOU | | | SERVICE SON 1EA | | | | |
| PLEASE CALL AGAIN | | | LW 30' | | | | |
| DON MILK 15 JAN | | | Pumptrk Charge SURFACE | | | | |
| X Signature | | | Mileage (0) | | | | |
| | | | Tax | | | | |
| | | | Discount | | | | |
| | | | Total Charge | | | | |

P&A

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

| | |
|----------|-----------|
| Date | Invoice # |
| 1/5/2023 | C-3140 |

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

| | | |
|----------|-------|---------------|
| P.O. No. | Terms | Lease Name |
| | | Maloney #3-15 |

| Description | Qty | Rate | Amount |
|---|-------|-----------|------------|
| Common | 111 | 16.75 | 1,859.25T |
| Poz | 74 | 9.50 | 703.00T |
| Gel | 636 | 0.22 | 139.92T |
| Plug/Pump Charge | 1 | 1,100.00 | 1,100.00T |
| Handling | 191 | 2.10 | 401.10T |
| .10 * sacks * miles | 5,730 | 0.10 | 573.00T |
| Service Supervisor | 1 | 325.00 | 325.00T |
| LMV | 30 | 4.50 | 135.00T |
| Heavy Equipment Mileage | 60 | 9.50 | 570.00T |
| Customer Discount | | -1,161.26 | -1,161.26 |
| Discount Expires after 30 days from the date of the invoice | | 0.00 | 0.00 |
| Maloney #3-15 Kingman Co. | | | |
| PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business! | | | |
| Subtotal | | | \$4,645.01 |
| Sales Tax (8.0%) | | | \$371.60 |
| Total | | | \$5,016.61 |

QUALITY WELL SERVICE, INC.

8200

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

| | | | | | | | | | | | | | | | |
|---------------------|------------------|----------|------|-------|-----|--|----|---|--|-------|----|-------------|--|--------|--|
| Date | 1-3-22 | Sec. | 15 | Twp. | 23S | Range | 8W | County | Kingman | State | Ks | On Location | | Finish | |
| Lease | MALONEY | Well No. | 3.15 | | | Location Kingman, Ki hi to 50th AVE St to 3rd ST | | | | | | | | | |
| Contractor | DOLF DOLF E.G #7 | | | | | | | Owner | 1/2 E Ningo | | | | | | |
| 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. | 4165' | | | | | | | | | | | |
| Csg. | | | | | | | | Depth | Charge To Vincent Oil Corp. | | | | | | |
| 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 185 sx 60/40 4 1/2 GEL | | | | | | |

EQUIPMENT

| | | | | | |
|---------|----|-----|--|----------|------|
| Pumptrk | 8 | No. | | Common | 1112 |
| Bulktrk | 10 | No. | | Poz. Mix | 745x |
| Bulktrk | | No. | | Gel. | 636 |
| Pickup | | No. | | Calcium | |

JOB SERVICES & REMARKS

| | | | |
|--------------------------------|------|-------------------------|---------|
| Rat Hole | 305x | Hulls | |
| Mouse Hole | 204x | Salt | |
| Centralizers | | Flowseal | |
| Baskets | | Kol-Seal | |
| D/V or Port Collar | | Mud CLR 48 | |
| 1st Plug @ 1700' | | CFL-117 or CD110 CAF 38 | |
| Pump H2o | | Sand | |
| Mix Pump 35 sx 60/40 4 1/2 FEL | | Handling | 191 |
| Dis H2o | | Mileage | 20/5730 |

FLOAT EQUIPMENT

| | | | |
|--------------------------------|--|--------------------|--|
| 2nd Plug @ 750' | | Guide Shoe | |
| Pump H2o | | Centralizer | |
| Mix Pump 35 sx 60/40 4 1/2 FEL | | Baskets | |
| Dis H2o | | AFU Inserts | |
| 3rd Plug @ 360' | | Float Shoe | |
| Pump H2o | | Latch Down | |
| Mix Pump 35 sx 60/40 4 1/2 FEL | | SERVICE SPT 1EA | |
| Dis H2o | | LMV 30 | |
| 4th Plug @ 60' | | Pumptrk Charge PTA | |
| Mix Pump 25 sx 60/40 4 1/2 FEL | | Mileage 60 | |

| | | | |
|------------------------------|--|--------------|--|
| PLEASE CALL AGAIN TODD BRADY | | Tax | |
| | | Discount | |
| | | Total Charge | |

X Signature

Tim Duff