

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



2868

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

Date 12-06-2022

CHARGE TO: Ramshorn Resources
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. OW
 LEASE AND WELL NO. Osage #120 FIELD _____
 NEAREST TOWN Aetna COUNTY Barber STATE Kansas
 SPOT LOCATION SW NE SW NE SEC. 19 TWP. 33S RANGE 14W
 ZERO KB 8' AGL CASING SIZE 5 1/2 WEIGHT _____
 CUSTOMER'S T.D. 5416 LOG-TECH TD 5000 FLUID LEVEL 980'
 ENGINEER S. Chesney OPERATOR D. Homewood

PERFORATING

Description	No. Shots	Depth		Amount	
		From	To		
Perf 33/8" HEC 1x4	4	900	901	1350	00

DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Pt	Price Per Pt	Amount	
	From	To				
4.68" Gauge Ring w/ Junk Basket	0	5000		.24	1200	00
5.5" C.I.B.P.	4980				1425	00
Setting Charge	0	4980			1500	00
2 sx Cement Bailor	0	4980			1200	00
5 1/2 C.I.B.P.	4670				1425	00
Setting Charge	0	4670			1500	00
2 sx Cement Bailor	0	4670			1200	00

MISCELLANEOUS

Description	Quantity	Amount
Service Charge T904		1500 00
T.J. Mast Trailer		1000 00
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	13300	00
..... Tax		
.....		

QUALITY WELL SERVICE, INC.

8191

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Todd's Cell 620-388-4967
Brady's Cell 620-727-6964

Office 620-786-6992
Fax 620-672-3663

Date	12-15-22	Sec.	19	Twp.	335	Range	14W	County	WABE	State	KI	On Location	Finish
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Lease	OSAGE	Well No.	123	Location	
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Contractor		Owner	To Quality Well Service, Inc.
Type Job	PTA	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 1/2	Depth	Charge To
Tbg. Size		Depth	To
Tool		Depth	Street
Cement Left in Csg.		Shoe Joint	City
Meas Line		Displace	State

EQUIPMENT		USED	330g
Pumptrk	8 No.	Common	19830
Bulktrk	12 No.	Poz. Mix	1325
Bulktrk	No.	Gel.	1135"
Pickup	No.	Calcium	

JOB SERVICES & REMARKS		Hulls	
Rat Hole		Salt	
Mouse Hole		Flowseal	
Centralizers		Kol-Seal	
Baskets	CIB 4670	Mud CLR 48	
D/V or Port Collar	KITS 900 451FP	CFL-117 or CD110 CAF 38	
Hook up to well		Sand	
Mix Pump 330g 60/40 4 1/2 EL		Handling	341
SLOT DRILL		Mileage	75/12000
No CIA			

FLOAT EQUIPMENT			
		Guide Shoe	
		Centralizer	
		Baskets	
		AFU Inserts	
		Float Shoe	
		Latch Down	
		SEVICE SUP 1EA	
		LMV 75'	
		Pumptrk Charge	PTA
		Mileage	150

THANK YOU PLEASE CALL AGAIN MARK GREEN		TAX	
NATE		Discount	
Signature		Total Charge	

QUALITY WELL SERVICE, INC.

8203

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	1-5-22	Sec.	19	Twp.	33S	Range	14W	County	BACHEL	State	Ks	On Location	Finish
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Lease	OSAGE	Well No.	120	Location	
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Contractor	N/A	Owner	
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Type Job	PTA	To Quality Well Service, Inc.	
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Hole Size	7 7/8	T.D.	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
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Csg.	5 1/2	Depth	Charge To
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Tbg. Size		Depth	Randhoan Resources LLC
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Tool		Depth	Street
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Cement Left in Csg.		Shoe Joint	City	State
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Meas Line		Displace	The above was done to satisfaction and supervision of owner agent or contractor.	
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			Cement Amount Ordered	1000 60/40 4 1/2 FEL
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EQUIPMENT

Pumptrk	3	No.		Common	60 SC
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Bulktrk	12	No.		Poz. Mix	40 SC
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Bulktrk		No.		Gel.	349*
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Pickup		No.		Calcium	
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JOB SERVICES & REMARKS

Rat Hole		Hulls	
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Mouse Hole		Salt	
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Centralizers		Flowseal	
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Baskets		Kol-Seal	
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D/V or Port Collar		Mud CLR 48	
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Hook up to Backsing		CFL-117 or CD110 CAF 38	
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Mix: Pump 60 x 60/40 4 1/2 FEL		Sand	
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Fill up 5 1/2 csh		Handling	
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W 30 x 60/40 4 1/2 FEL		Mileage	
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FLOAT EQUIPMENT

		Guide Shoe	
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		Centralizer	
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		Baskets	
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		AFU Inserts	
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		Float Shoe	
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		Latch Down	
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THANK YOU
PLEASE CALL AGAIN
TODD BRADY NOTE
Signature

Tax
Discount
Total Charge