

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



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

2851

Date 11-07-2022

CHARGE TO: Ramshorn Resources
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. OW
 LEASE AND WELL NO. Osage # 101 FIELD Aetna Gas Area
 NEAREST TOWN Aetna COUNTY Barber STATE Kansas
 SPOT LOCATION 1655' FSL + 890' FEL SEC. 5 TWP. 33S RANGE 14W
 ZERO NB 9 AGL CASING SIZE 5 1/2 WEIGHT _____
 CUSTOMER'S T.D. 5280 LOG-TECH TD — FLUID LEVEL 725
 ENGINEER S. Chesney OPERATOR O. Home wood

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	

DEPTH AND OPERATIONS CHARGES					
Description	Depth		Total No. Pt	Price Per Pt	Amount
	From	To			
<u>4.68" Gauge Ring + Junk Basket</u>	<u>0</u>	<u>4900</u>			<u>1200 00</u>
<u>5 1/2 Cast I.B.P.</u>	<u>4850</u>				<u>1425 00</u>
<u>2sx Cement Baller</u>	<u>0</u>	<u>4850</u>			<u>1000 00</u>
<u>5 1/2 C.I.B.P.</u>	<u>4600</u>				<u>1425 00</u>
<u>2SX Cement Baller</u>	<u>0</u>	<u>4600</u>			<u>1000 00</u>
<u>Setting Charge</u>	<u>0</u>	<u>4850</u>			<u>1500 00</u>
<u>Setting Charge</u>	<u>0</u>	<u>4600</u>			<u>1500 00</u>

MISCELLANEOUS		
Description	Quantity	Amount
Service Charge <u>T904</u>		<u>1500 00</u>
T.J. <u>Mast Trailer</u>		<u>100000</u>
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		
..... Tax		
.....		
.....		
..... Total		

Went Alden
 Customer Signature _____ Date _____

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

Date 12-20-2022

CHARGE TO: Ramshorn Resources
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. OW
 LEASE AND WELL NO. Osage # 101 FIELD _____
 NEAREST TOWN Aetna COUNTY Barber STATE Kansas
 SPOT LOCATION _____ SEC. 5 TWP. 33S RANGE 14W
 ZERO KB9AGL CASING SIZE 5 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ LOG-TECH TD - FLUID LEVEL Full
 ENGINEER S. Chesney OPERATOR D. Homewood

PERFORATING

Description	No. Shots	Depth		Amount
		From	To	
<u>Perf 3 3/8 HEC 1x4</u>	<u>4</u>	<u>930</u>	<u>931</u>	<u>135000</u>

DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Pt	Price Per Pt	Amount
	From	To			
<u>5 1/2 CIBP</u>	<u>990</u>				<u>142500</u>
<u>Setting Charge</u>	<u>0</u>	<u>990</u>			<u>150000</u>

MISCELLANEOUS

Description	Quantity	Amount
Service Charge <u>T902</u>		<u>150000</u>
T.J. <u>Must Trailer</u>		<u>100000</u>
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>626500</u>
..... Tax	
..... Total	

Customer Signature _____

Date _____

QUALITY WELL SERVICE, INC.

8204

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
1-5-22	5	33S	14W	BARBER	Ks		

Lease	Well No.	Location
OSAGE	101	

Contractor	Owner
UIA	To Quality Well Service, Inc.

Type Job	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
PTA		

Hole Size	T.D.	Charge To
8 5/8		KAMMON RESOURCES LLC

Csg.	Depth	Street
5 1/2		

Tbg. Size	Depth	City	State

Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	

Cement Left in Csg.	Shoe Joint	Cement Amount Ordered
		375 x 60/40 4 1/2 GEL

Meas Line	Displace	USED 200 GEL

EQUIPMENT

Pumptrk	No.	Common
3		120 SC
Bulktrk	No.	Poz. Mix
12		80 SC
Bulktrk	No.	Gel.
		688
Pickup	No.	Calcium

JOB SERVICES & REMARKS

Rat Hole	Hulls
	Salt
Mouse Hole	Flowseal
	Kol-Seal
Centralizers	Mud CLR 48
	CFL-117 or CD110 CAF 38
Baskets	Sand
CIBO 4350 - 4600	Handling 207
D/V or Port Collar	Mileage
PERF 930' ASPF	50 / 10350
Hook up to 5 1/2 Csg	
Pump 200 SC 60/40 4 1/2 GEL	
pic CMC TO PET	

FLOAT EQUIPMENT

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down
SERVICE SUP 1 EA
LIV 50

Thank you
 PLEASE CALL AGAIN
 TODD BEYER WATZ

Pumptrk Charge	Mileage
PTA	100

Tax
 Discount
 Total Charge

X Signature *[Signature]*