

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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



Service Order No.
4587

457 Yucca Lane • Pratt, Kansas 67124 • 620-388-5676

Date 10/21/2022

Company <u>R+B Oil + Gas</u>			Client Order# <u>0117</u>		
Billing Address		City	State	Zip	
Lease & Well # <u>Saddler #2</u>		Field Name <u>Mcquire - Foreman</u>		Legal Description (coordinates) <u>Sec 15 - 22S - 10W</u>	
County <u>Barber</u>	State <u>Kansas</u>	Casing Size <u>5.5</u>		Casing Weight	
Fluid Level (surface) <u>470</u>	Reading from <u>K.B. 7'</u>	Customer T.D.		Excel Wireline T.D.	
Engineer <u>S.S. Schmitt</u>	Operator <u>J. Coleman</u>	Operator		Unit# <u>11</u>	

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<u>Service Charge</u>	<u>1</u>				<u>950⁰⁰/₁₀₀</u>
	<u>5 1/2 CIRP</u>	<u>1</u>				<u>800⁰⁰/₁₀₀</u>
	<u>Setting Charge</u>	<u>4350</u>		<u>0</u>	<u>4350</u>	<u>1087⁵⁰/₁₀₀</u>

Received the above service according to the terms and conditions specified below, which we have read and to which we hereby agree.

Customer [Signature]

SUBTOTAL	<u>2837⁵⁰/₁₀₀</u>
DISCOUNT	<u>-187.50</u>
SUBTOTAL	<u>2650.00</u>
TAX	<u>198.75</u>
NET TOTAL	<u>\$ 2848.75</u>

General Terms and Conditions

- (1) All accounts are to be paid within the terms fixed by Excel Wireline invoices and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice. Interest, Attorney, Court, Filing and other fees will be added to accounts turned over to collections.
- (2) Because of the uncertain conditions existing in a well which are beyond the control of Excel Wireline, it is understood by the customer that Excel Wireline cannot guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.
- (3) Should any of Excel Wireline instruments be lost or damaged in the performance of the operations requested, the customer agrees to make every reasonable effort to recover same, and to reimburse Excel Wireline for the value of the items which cannot be recovered or for the cost of repairing damage to items recovered.
- (4) It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees, and customer hereby certifies that the zones, as shot, were approved.
- (5) The customer certifies that it has the full right and authority to order such work on such well, and that the well in which the work to be done by Excel Wireline is in proper and suitable condition for the performance of said work.
- (6) No employee is authorized to alter the terms or conditions of this agreement.

QUALITY WELL SERVICE, INC.

8300

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	5-4-23	Sec.	15	Twp.	32	Range	10	County	Barber	State	KS	On Location	Finish
Lease	Siddler	Well No.	2		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				
Tbg. Size					Depth				R+R oil + Gas				
Tool					Depth				Street				
Cement Left in Csg.					Shoe Joint				City				
Meas Line					Displace				State				
				The above was done to satisfaction and supervision of owner agent or contractor.				Cement Amount Ordered					
				Cement Amount Ordered				150sx 60/40 4% Gel					
EQUIPMENT													
Pumptrk	3	No.					5sx Gel on side						
Bulktrk	15	No.					Common 90						
Bulktrk		No.					Poz. Mix 60						
Pickup		No.					Gel. 1000#						
								Calcium 100#					
JOB SERVICES & REMARKS													
Rat Hole									Hulls				
Mouse Hole									Salt				
Centralizers									Flowseal				
Baskets									Kol-Seal				
D/V or Port Collar									Mud CLR 48				
								CFL-117 or CD110 CAF 38					
								Sand					
								Handling 162					
								Mileage 45					
								FLOAT EQUIPMENT					
								Guide Shoe					
								Centralizer					
								Baskets					
								AFU Inserts					
								Float Shoe					
								Latch Down					
								LMV 45					
								Service supervisor.					
								Pumptrk Charge PTA					
								Mileage 90					
											Tax		
											Discount		
											Total Charge		
X Signature <i>Donk Jackson Hudson Harmon, Nathan</i>													