

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

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

RECEIVED
JUL 07 2023
BY: _____

Invoice

Date	Invoice #
7/5/2023	C-3256

900-44



COPY

Bill To
Oil Producers Inc. of Kansas 1710 Waterfront Parkway Wichita, KS 67201

P.O. No.	Terms	Lease Name
		Tate #1-5

Description	Qty	Rate	Amount
Common	160	16.75	2,680.00T
Hulls	4	64.00	256.00T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	430	2.10	903.00T
.10 * sacks * miles	25,000	0.10	2,500.00T
Service Supervisor	1	500.00	500.00T
LMV	100	4.50	450.00T
Heavy Equipment Mileage	200	9.50	1,900.00T
Customer Discount		-2,057.80	-2,057.80
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Tate #1-5 Hamilton Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	Subtotal	\$8,231.20
	Sales Tax (7.5%)	\$617.34
	Total	\$8,848.54

QUALITY WELL SERVICE, INC.

8318

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	6-30-23	Sec.	5	Twp.	24S	Range	41W	County	Hamilton	State	Ks	On Location		Finish	
Lease	TATE		Well No. 1-5			Location									
Contractor	MONEGAN 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	7		T.D.												
Csg.	4 1/2		Depth					Charge To OIL PRODUCERS INJCT Ks							
Tbg. Size	2 3/8		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 430 sc Cement							
EQUIPMENT										ball on side 600" pull on side 1/4"					
Pumptrk	3	No.						Common 100 sc							
Bulktrk	10	No.						Poz. Mix							
Bulktrk	15	No.						Gel.							
Pickup		No.						Calcium							
JOB SERVICES & REMARKS										Hulls 2 1/4" 125 lbs					
Rat Hole	Salt														
Mouse Hole	Flowseal														
Centralizers	Kol-Seal														
Baskets	Mud CLR 48														
D/V or Port Collar	CFL-117 or CD110 CAF 38														
Run 1 1/4" 406 pack off chime down										Sand					
Dump 600' (common) 125 lbs hulls										Handling 400					
1 1/2" 26" 406 pack off chime down										Mileage 100 / 25000					
Run 1 1/4" 406 pack off chime down 200' well										FLOAT EQUIPMENT					
SET CIGAR 300' Pack 200'										Guide Shoe					
Run 406 - 10 790'										Centralizer					
Mix Pump 500' dia at 4 1/2" dia valve										Baskets					
Mix Pump 400' dia at 7"										AFU Inserts					
PTA										Float Shoe					
TOP OFF 4 1/2" Csg 10x										Latch Down					
										SERVICE Spn 1 EA					
										Pumptrk Charge PTA					
										Mileage 200					
THANK YOU PLEASE CALL AGAIN TODD BRADY ACTIVE										Tax					
Signature										Discount					
										Total Charge					