

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
JUN 29 2023
BY:

Invoice

Date	Invoice #
6/27/2023	C-3251

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

P.O. No.	Terms	Lease Name
		Hoyt #1

Description	Qty	Rate	Amount
Common	270	16.75	4,522.50T
Poz	180	9.50	1,710.00T
Gel	1,555	0.22	342.10T
Hulls	16	64.00	1,024.00T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	466	2.10	978.60T
.10 * sacks * miles	20,000	0.10	2,000.00T
Service Supervisor	1	500.00	500.00T
LMV	60	4.50	270.00T
Heavy Equipment Mileage	180	9.50	1,710.00T
Customer Discount		-2,123.58	-2,123.58
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Hoyt #1 Sherman Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	Subtotal	\$12,033.62
	Sales Tax (8.75%)	\$1,052.94
	Total	\$13,086.56

QUALITY WELL SERVICE, INC.

8315

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	6-26-23	Sec.	16	Twp.	60	Range	37W	County	SHERMAN	State	Ks	On Location		Finish	
Lease	Hoot	Well No.	41			Location	PREWSTER KS 12N to 80 E 4 1/2 N								
Contractor	NICHOLEN WELL SERVICE							Owner	NINA						
Type Job	PIA							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.												
Csg.	4 1/2		Depth		Charge To OIL PRODUCERS I & O F 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 475x 60/40 4 1/2 GEL										
EQUIPMENT												1000' 1 1/2" 1/8" USED 450x			
Pumptrk	8	No.						Common	270x						
Bulktrk	10	No.						Poz. Mix	1575x						
Bulktrk	15	No.						Gel.	1555 1/2"						
Pickup		No.						Calcium							
JOB SERVICES & REMARKS												Hulls 300' 1/2 5x			
Rat Hole												Salt			
Mouse Hole												Flowseal			
Centralizers												Kol-Seal			
Baskets	PEEL 3115' - 2238'											Mud CLR 48			
D/V or Port Collar	1ST P/L 4550											CFL-117 or CD110 CAF 38			
Pump	423											Sand			
Mix & Pump	135x 60/40 4 1/2 GEL 250 1/2"											Handling 4 1/2			
D/S												Mileage 60/20000			
FLOAT EQUIPMENT															
2ND P/L	3100											Guide Shoe			
Mix & Pump	105x 60/40 4 1/2 GEL 300 1/2"											Centralizer			
D/S												Baskets			
2ND P/L	1500											AFU Inserts			
Mix & Pump	115 60/40 4 1/2 GEL 350"											Float Shoe			
CVC CMT TO P/T												Latch Down			
P/TOO H												SERVICE Saw 1 EA			
TOP OFF	4 1/2 55x 4 10' 45											LNU 60			
Adding to GEL												Pumptrk Charge PIA			
											Mileage 180				
THANK YOU PLEASE CALL AGAIN											Tax				
Signature											Discount				
											Total Charge				