

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.

Invoice

**PO Box 468
Pratt, KS 67124**

Date	Invoice #
7/7/2023	C-3258

Bill To
Carmen Schmitt P.O. Box 47 Great Bend, KS 67530-0047

P.O. No.	Terms	Lease Name
		E-B #1-33

Description	Qty	Rate	Amount
Common	102	16.75	1,708.50T
Poz	68	9.50	646.00T
Gel	585	0.22	128.70T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	176	2.10	369.60T
.10 * sacks * miles	14,450	0.10	1,445.00T
Service Supervisor	1	500.00	500.00T
LMV	85	4.50	382.50T
Heavy Equipment Mileage	170	9.50	1,615.00T
Customer Discount		-1,184.30	-1,184.30
Discount Expires after 30 days from the date of the invoice		0.00	0.00
E-B 1-33 Ford Co.			

7/10/43
20976.0133
Well #24
BCP "Cement to Plug"

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	Subtotal	\$6,711.00
	Sales Tax (7.5%)	\$503.33
	Total	\$7,214.33

QUALITY WELL SERVICE, INC.

8321

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	7-6-23	Sec.	33	Twp.	29S	Range	26W	County	FOSS	State	KI	On Location	Finish
Lease	E-13		Well No.	1-33		Location							
Contractor	STEELING 0216 P.O. # 4							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.								Depth					
Tbg. Size								Depth					
Tool								Depth					
Cement Left in Csg.								Shoe Joint					
Meas Line								Displace					
EQUIPMENT								Charge To CARMEN Schmitt Inc					
								Street					
								City					
								State					
The above was done to satisfaction and supervision of owner agent or contractor.													
								Cement Amount Ordered 170 x 60/40					
EQUIPMENT								4 1/2 GEL					
Pumptrk	8	No.						Common 102 SX					
Bulktrk	10	No.						Poz. Mix 63 SX					
Bulktrk		No.						Gel. 585 lbs					
Pickup		No.						Calcium					
JOB SERVICES & REMARKS								Hulls					
Rat Hole	3 SX							Salt					
Mouse Hole	2 SX							Flowseal					
Centralizers								Kol-Seal					
Baskets								Mud CLR 48					
D/V or Port Collar								CFL-117 or CD110 CAF 38					
1 st Plug 11020								Sand					
Pump H20								Handling 176					
Mix Pump 50 SX 60/40 4 1/2 GEL								Mileage 85 / 14450					
Pump H20								FLOAT EQUIPMENT					
Disp H20								Guide Shoe					
								Centralizer					
2 nd Plug 1110 60/40 4 1/2 GEL								Baskets					
Pump H20								AFU Inserts					
Mix Pump 50 SX 60/40 4 1/2 GEL								Float Shoe					
Pump H20								Latch Down					
Disp H20								SERVICE SPV 1 EA LMV 35					
3 rd Plug 60'								Pumptrk Charge PTA					
209 60/40 4 1/2 GEL								Mileage 170					
T.I.V. 402								Tax					
PLEASE CALL AGAIN TODD AND BRADY								Discount					
Signature													
Total Charge													