

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



Ellinwood, KS
620-727-3409

TO: F.G. HOLL
ATTN: LOVENESS MPJANJE

INV#10042023

OCTOBER 04 2023
LEASE- BINFORD/CAMPBELL 1-31

OCTOBER 04 2023
RIG TIME 1 HOURS @\$270.00 =\$270.00
TOOK RIG AND FLOOR TO LOCATION

OCTOBER 05 2023
RIG TIME 11.5 HOURS @ \$270.00 =\$3105.00
FLOOR RENTAL @ \$200.00 =\$200.00
WELDING/TORCH SERVICES 3 HOURS @ \$75.00 =\$225.00
BACKHOE SERVICES 3 HOURS @\$100.00 =\$300.00
DROVE OUT RIGGED UP BLED GAS OFF DUG CELLAR CUT SURFACE OFF TOOK
CASING HEAD OFF SET FLOOR PULLED STRECH 6"-7" SET BRIDGE PLUG @ 3770'
BAILED 2 SKS SHOT 2126 DIDN'T COME FREE SHOT 1910 WORKED FREE PULLED
TO 1500' DROVE IN

OCTOBER 06 2023
RIG TIME 8 HOURS @ \$270.00 =\$2160.00
PULLED TO 1290 PUMPED 100 SKS 200# HULLS PULLED TO 1050 PUMPED 10 GEL 50
SKS PULLED TO 600' PUMPED 50 SKS PULLED TO 200' CIRCULATED 75 SKS
PULLED OUT STAYED FULL TORE DOWN LOADED OUT

OCTOBER 07 2023
SAND 3 @\$ 15.00 =\$45.00
BACKHOE SERVICES 3 HOURS @ \$100.00 =\$300.00
TOPPED OFF WITH 3 SKS FILLED CELLAR AND PIT LEVELLED LOCATION

TOTAL FOR WELL \$6605.00
NONTAXABLE BACKHOE -\$600.00

\$6005.00
BARTON COUNTY TAX \$450.38
TOTAL \$7055.38

PAYABLE TO TAR LLC
190 US HWY 56
ELLINWOOD KANSAS 67526
620-727-3409 RICHARD

QUALITY WELL SERVICE, INC.

8404

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	10-6-23	Sec.	31	Twp.	20S	Range	15W	County	PAWNEE	State	KI	On Location		Finish	
Lease	BIOFORD CAMPBELL		Well No.		1-31		Location								
Contractor								Owner							
Type Job								To Quality Well Service, Inc.							
Hole Size								You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Csg.								Depth							
Tbg. Size								Charge To							
Tool								Depth							
Cement Left in Csg.								Shoe Joint							
Meas Line								Displace							
								The above was done to satisfaction and supervision of owner agent or contractor.							
								Cement Amount Ordered							
EQUIPMENT															
Pumptrk	3	No.													
Bulktrk	15	No.													
Bulktrk		No.													
Pickup		No.													
JOB SERVICES & REMARKS															
Rat Hole	Salt														
Mouse Hole	Flowseal														
Centralizers	Kol-Seal														
Baskets	Mud CLR 48														
D/V or Port Collar	CFL-117 or CD110 CAF 38														
1st Pblg	Sand														
2nd Pblg	Handling														
3rd Pblg	Mileage														
FLOAT EQUIPMENT															
4th Pblg	Guide Shoe														
5th Pblg	Centralizer														
6th Pblg	Baskets														
7th Pblg	AFU Inserts														
8th Pblg	Float Shoe														
9th Pblg	Latch Down														
10th Pblg	SERVICE SPN 1 EA														
11th Pblg	1 MV 4S														
12th Pblg	Pumptrk Charge														
13th Pblg	Mileage														
Tax															
Discount															
Total Charge															

X Signature *[Handwritten Signature]*

Total Charge