

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

V.O.C. THORN #1
CEMENT RECORD

Quality Well Service, Inc.

Invoice

**PO Box 468
Pratt, KS 67124**

Date	Invoice #
2/15/2024	C-3419

Bill To
Vincent Oil Corporation 200 W. Douglas, Ste. 725 Wichita, KS 67202

Plugging.

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

Description	Qty	Rate	Amount
Common	114	16.75	1,909.50T
Poz	76	9.50	722.00T
Gel	654	0.22	143.88T
Hulls	2	64.00	128.00T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	197	2.10	413.70T
.10 * sacks * miles	6,895	0.10	689.50T
Service Supervisor	1	500.00	500.00T
LMV	35	4.50	157.50T
Heavy Equipment Mileage	70	9.50	665.00T
Customer Discount		-964.21	-964.21
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Thom #1 Kiowa Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	Subtotal	\$5,464.87
	Sales Tax (7.5%)	\$409.87
	Total	\$5,874.74

QUALITY WELL SERVICE, INC.

8486

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	2-9-24	Sec.	21	Twp.	29S	Range	13W	County	Nowe	State	KS	On Location		Finish	
Lease	THORN		Well No.		41		Location								
Contractor	MENDER WELL SERVICE							Owner							
Type Job	PTA							To Quality Well Service, Inc.							
Hole Size	7 7/8		T.D.		You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.										
Csg.	4 1/2		Depth		Charge To		VINCENT OIL CORP								
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		250 60/40 4 1/2 GEL								
EQUIPMENT															
Pumptrk	3	No.				100' hull 114 ss									
Bulktrk	15	No.				Poz. Mix 76 ss									
Bulktrk		No.				Gel. 654 lbs									
Pickup		No.				Calcium									
JOB SERVICES & REMARKS															
Rat Hole						Hulls					100 lbs				
Mouse Hole						Salt									
Centralizers	CIAPD 1260					Flowseal									
Baskets	PEP 1230-SSD					Kol-Seal									
D/V or Port Collar						Mud CLR 48									
	TDL 1253					CFL-117 or CD110 CAF 38									
	Pump H ₂ Est Circ					Sand									
	MIX Pump 25 60/40 4 1/2 GEL					Handling					197				
	MIX Pump 25 60/40 1/2 GEL 100" hull					Mileage					35 / 6895				
	MIX Pump 25 60/40 1/2 GEL					FLOAT EQUIPMENT									
	PS 4 500' LOT SET					Guide Shoe									
	PTOOL PEP 550'					Centralizer									
	Hook to C&L					Baskets									
	MIX Pump 140 60/40 4 1/2 GEL					AFU Inserts									
	PRE PRT TO PRT					Float Shoe									
						Latch Down									
						SERVICE S&W					LEA				
						LAW 38									
	THANK YOU					Pumptrk Charge					PTA				
	PLEASE CALL AGAIN					Mileage					70				
	TODD MATT ACTION														
X Signature	MANUEL L. MENDER												Tax		
													Discount		
													Total Charge		