

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**

Invoice

Date	Invoice #
12/21/2023	C-3398

Bill To
Quail Oil & Gas 525 Industrial Dr. P.O. Box K Garden City, KS 67846-9643

P.O. No.	Terms	Lease Name
		Panek Ranch #1-14

Description	Qty	Rate	Amount
Common	120	16.75	2,010.00T
Poz	80	9.50	760.00T
Gel	688	0.22	151.36T
Flo-Seal	50	3.70	185.00T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	207	2.10	434.70T
.10 * sacks * miles	5,175	0.10	517.50T
Service Supervisor	1	500.00	500.00T
LMV	25	4.50	112.50T
Heavy Equipment Mileage	50	9.50	475.00T
Customer Discount		-936.91	-936.91
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Panek Ranch #1-14 Pratt Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!

Subtotal	\$5,309.15
Sales Tax (8.25%)	\$438.00
Total	\$5,747.15

QUALITY WELL SERVICE, INC.

8462

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	12-17-23	Sec.	14	Twp.	29S	Range	11W	County	PRATT	State	Ks	On Location	Finish
Lease	PANER Ranch		Well No.	1-14		Location							
Contractor	Pickrell Dr G R.G #10							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 7/8		T.D.	4790		Charge To							
Csg.								QUAIL OIL GAS					
Tbg. Size	4 1/2 OP		Depth		Street								
Tool								City					
Cement Left in Csg.	Shoe Joint							State					
Meas Line	Displace							The above was done to satisfaction and supervision of owner agent or contractor.					
EQUIPMENT							Cement Amount Ordered 200sc 60/40						
Pumptrk	3	No.			4 1/2 GEL 1/4" SX PS								
Bulktrk	10	No.			Common 120 sc								
Bulktrk		No.			Poz. Mix 80 sc								
Pickup		No.			Gel. 688 lbs								
JOB SERVICES & REMARKS							Calcium						
Rat Hole	30sc 60/40 4 1/2 GEL 1/4" SX PS							Hulls					
Mouse Hole								Salt					
Centralizers								Flowseal 50 lbs					
Baskets								Kol-Seal					
D/V or Port Collar								Mud CLR 48					
1st Plug @ 4712'								CFL-117 or CD110 CAF 38					
Pump H2O								Sand					
Mix Pump 50sc 60/40 4 1/2 GEL 1/4" SX PS								Handling 207					
Pump H2O								Mileage 25 / 5175					
Diso MUD								FLOAT EQUIPMENT					
2nd Plug @ 660'								Guide Shoe					
Pump H2O								Centralizer					
Mix Pump 50sc 60/40 4 1/2 GEL 1/4" SX PS								Baskets					
Diso H2O								AFU Inserts					
3rd Plug @ 330'								Float Shoe					
Pump H2O								Latch Down					
Mix Pump 50sc 60/40 4 1/2 GEL 1/4" SX PS								SERVICE SUP 1 EA					
4th Plug @ 60' Diso H2O								LMN 25					
Mix Pump 50sc 60/40 4 1/2 GEL 1/4" SX PS								Pumptrk Charge PTA					
20sc 60/40 4 1/2 GEL 1/4" SX PS								Mileage 50					
THANK YOU PLEASE CALL AGAIN							Tax						
Signature SM STARR JR							Discount						
TODD MATT Arthur							Total Charge						