

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 #
7/17/2023	2586

Bill To
Blacksheep Oil & Gas LLC 308 E. 13th Ave. Medicine Lodge, KS 67104

 ENTERED

#439

PAID

P.O. No.	Terms	Lease Name
		Dean #3

Description	Qty	Rate	Amount
Rig Time	18	265.00	4,770.00T
Floor Rental	1	500.00	500.00T
Rip Casing	2	400.00	800.00T
Welding	3	75.00	225.00T
Water Truck	6	100.00	600.00T
Backhoe	8	110.00	880.00T
Phone Calls	1	30.00	30.00T
Clerical	1	50.00	50.00T
Wiping Rubber	1	20.00	20.00T
Fresh Water	2	30.00	60.00T
Dean #3 Barber Co.			
6/30/23: Drove to location, rigged up.			
7/10/23: Drove to location, set bridge plug at 4480', bailed 2 sacks cement, dug out casing head, had to cut ring off casing head, set floor, pulled slips, cut surface off 4' below ground, swedged in, drove home.			
7/11/23: Drove to location, loaded hole with water, ripped casing at 3050' and 2830', came free, pulled casing up to 600', pumped 5 sacks gel, 50 sacks cement, pulled casing to 430', pumped 40 sacks cement, pulled casing to 40', pumped 40 sacks cement to surface, tore down floor and rig, emptied pit, back filled cellar and pit.			

SCANNED

FILE

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	Subtotal	\$7,935.00
	Sales Tax (7.5%)	\$595.13
	Total	\$8,530.13

Quality Well Service, Inc.

PO Box 468
Pratt, KS 67124

Invoice

Date	Invoice #
7/17/2023	C-3260

Bill To
Blacksheep Oil & Gas LLC 308 E. 13th Ave. Medicine Lodge, KS 67104

PAID

ENTERED
#440

P.O. No.	Terms	Lease Name
		Dean #3

Description	Qty	Rate	Amount
Common	80	16.75	1,340.00T
Poz	50	9.50	475.00T
Gel	1,000	0.22	220.00T
Calcium	100	1.50	150.00T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	142	2.10	298.20T
.10 * sacks * miles	4,970	0.10	497.00T
Service Supervisor	1	500.00	500.00T
LMV	35	4.50	157.50T
Heavy Equipment Mileage	70	9.50	665.00T
Customer Discount		-810.41	-810.41
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Dean #3 Barber Co.			

SCANNED
FILE

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	Subtotal	\$4,592.29
	Sales Tax (7.5%)	\$344.42
	Total	\$4,936.71

QUALITY WELL SERVICE, INC.

8331

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	Sec.	Twp.	Range	County	State	On Location	Finish
7-11-23	35	33	11	Barber	Ks		
Lease Dan	Well No. 3		Location				
Contractor Quality Well Service	Owner			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.			
Type Job PTA.	Hole Size			T.D.			
Csg. 4.5.	Depth			Charge To Black sheep oil + Gas.			
Tbg. Size	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 130sy 60/40 49.6ol			
EQUIPMENT				55x 6ol on side			
Pumptrk 3 No.				Common 80			
Bulktrk 10 No.				Poz. Mix 50			
Bulktrk No.				Gel. 1000#			
Pickup No.				Calcium 100#			
JOB SERVICES & REMARKS				SCANNED			
Rat Hole				Hulls			
Mouse Hole				Salt			
Centralizers				Flowseal			
Baskets				Kol-Seal			
D/V or Port Collar				Mud CLR 48			
1st Pumped 55x 6ol 50sy 60/40				CFL-117 or CD110 CAF 38			
49.6.1" @ 600'				Sand			
2nd Pumped 40sy 60/40 49.6-1				Handling 142 14970			
@ 430'				Mileage 35			
FLOAT EQUIPMENT							
3rd Pumped 40sy 60/40 49.6ol				Guide Shoe			
@ 40' to surface				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				LMV 35			
				Service Supervisor			
				Pumptrk Charge PTA.			
				Mileage 70			
David Hudson Herman Arthur JB							
				Tax			
				Discount			
				Total Charge			
Signature							

FILE