

**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**

*COPY*

**Invoice**

Date	Invoice #
4/23/2024	C-3469

Bill To
Oil Producers Inc. of Kansas 1710 Waterfront Parkway Wichita, KS 67201

P.O. No.	Terms	Lease Name
		Cox #1-26

Description	Qty	Rate	Amount
Common	75	16.75	1,256.25T
Poz	50	9.50	475.00T
Gel	430	0.22	94.60T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	265	2.10	556.50T
.10 * sacks * miles	10,000	0.10	1,000.00T
Service Supervisor	1	500.00	500.00T
LMV	40	4.50	180.00T
Heavy Equipment Mileage	80	9.50	760.00T
Customer Discount		-888.35	-888.35
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Cox #1-26 Stevens Co.			

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

<b>Subtotal</b>	\$5,034.00
<b>Sales Tax (7.5%)</b>	\$377.55
<b>Total</b>	\$5,411.55

# QUALITY WELL SERVICE, INC.

8535

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	4-17-24	Sec.	26	Twp.	34S	Range	39W	County	STEVENS	State	KJ	On Location	Finish
Lease	Cox	Well No.	1-26	Location									
Contractor	IV ENERGY SERVICES INC							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.										
Csg.	5 1/2		Depth - - -										
Tbg. Size	2 3/8		Depth										
Tool	Depth										Street		
Cement Left in Csg.	Shoe Joint										City		State
Meas Line	Displace										The above was done to satisfaction and supervision of owner agent or contractor.		
EQUIPMENT												Cement Amount Ordered 260 sk 60/40 4% GEL	
Pumptrk	3	No.	USED 135 sk 125 sk										
Bulktrk	15	No.	Common <del>85 sk</del> 75 sk										
Bulktrk		No.	Poz. Mix 55 sk 50 sk										
Pickup		No.	Gel. <del>464 lbs</del> 430 lbs										
JOB SERVICES & REMARKS												Calcium	
Rat Hole											Hulls		
Mouse Hole	CIBP 2604' 25C OMT										Salt		
Centralizers	CIBP 1740'										Flowseal		
Baskets											Kol-Seal		
D/V or Port Collar											Mud CLR 48		
SET CIBP 2604'											CFL-117 or CD110 CAF 38		
PSI test 500' HELD											Sand		
SET CIBP 1740'											Handling 140265		
Tbg 1740											Mileage 40 / <del>5600</del> 16000		
Pump H2o											FLOAT EQUIPMENT		
MK: Pump 30 & 60/40 4% GEL											Guide Shoe		
DISP											Centralizer		
PTOH TO 660											Baskets		
MK: Pump 60 sk 60/40 4% GEL											AFU Inserts		
CHK OMT TO PAT 5 1/2											Float Shoe		
PTOH											Latch Down		
TBP OFF 5 1/2 15 sk 60/40 4% GEL											SERVICE Spu 1EA		
Hook up to 25' 20 sk 60/40 4% GEL 300'											LMV 40		
THANK YOU											Pumptrk Charge PTA		
PLEASE CALL AGAIN											Mileage 80		
TODD MART ACTION											Tax		
X Signature											Discount		
											Total Charge		