

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 #
5/20/2024	C-3477

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

P.O. No.	Terms	Lease Name
		Jones Trust #2-23

Description	Qty	Rate	Amount
Common	230	16.75	3,852.50T
Calcium	200	1.50	300.00T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	254	2.10	533.40T
.10 * sacks * miles	8,890	0.10	889.00T
Service Supervisor	1	500.00	500.00T
LMV	35	4.50	157.50T
Heavy Equipment Mileage	70	9.50	665.00T
Customer Discount		-1,599.48	-1,599.48
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Jones Trust #2-23 Kingman Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	Subtotal	\$6,397.92
	Sales Tax (8.0%)	\$511.83
	Total	\$6,909.75

QUALITY WELL SERVICE, INC.

8544

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	5-8-24	Sec.	23	Twp.	28S	Range	3W	County	KINGMAN	State	KS	On Location	Finish
Lease	JONES TRUST	Well No.	2-23		Location								
Contractor	MENDEZ WELL SERVICE				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.		Charge To								
Csg.	4 1/2		Depth		VINCENT O.L 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 & Common								
EQUIPMENT					5 sx cc on side USC0 4 sx USED								
Pumptrk	3	No.			Common				230 230 sc				
Bulktrk	10	No.			Poz. Mix								
Bulktrk		No.			Gel.								
Pickup		No.			Calcium 200 lbs								
JOB SERVICES & REMARKS					Hulls								
Rat Hole					Salt								
Mouse Hole	OLD				Flowseal								
Centralizers	PERTS 1526-30 30-34				Kol-Seal								
Baskets	1856-59				Mud CLR 48								
D/V or Port Collar	New PERF 1100'-700'-350'				CFL-117 or CD110 CAF 38								
Tubing	D 1730				Sand								
Mix. Pump	35 sc Common 3% CC				Handling 254								
Disp TAG	cut d 1445'				Mileage 351 8890								
PTOOTH	PERF 1100'				FLOAT EQUIPMENT								
Tbg d	1134				Guide Shoe								
Mix. Pump	35 sc Common 2% CC				Centralizer								
Disp					Baskets								
PTOOTH	PERF 700'				AFU Inserts								
Tbg d	682'				Float Shoe								
Mix. Pump	35 & Common				Latch Down								
Disp					SERVICE Spv 1 EA								
PTOOTH	PERF 350'				LMV 35								
Mix. Pump	35 & Common c/c at 4 1/2				Pumptrk Charge PTA								
Mix. Pump	70 & Common c/c at 3 5/8				Mileage 70								
PTOOTH	TOP OFF 5 &				<div style="text-align: right;"> Tax Discount Total Charge </div>								
THANK YOU PLEASE CALL AGAIN TODD BRADY MCH													
Signature													