

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 #
5/23/2024	C-3483

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

P.O. No.	Terms	Lease Name
		Cummings #1-12

Description	Qty	Rate	Amount
Common	60	16.75	1,005.00T
Poz	40	9.50	380.00T
Gel	344	0.22	75.68T
Hulls	2	64.00	128.00T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	154	2.10	323.40T
.10 * sacks * miles	8,000	0.10	800.00T
Service Supervisor	1	500.00	500.00T
LMV	65	4.50	292.50T
Heavy Equipment Mileage	130	9.50	1,235.00T
Customer Discount		-875.94	-875.94
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Cummings #1-12 Ford Co.			

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

Subtotal	\$4,963.64
Sales Tax (7.5%)	\$372.27
Total	\$5,335.91

QUALITY WELL SERVICE, INC.

8550

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	5-22-24	Sec.	12	Twp.	29S	Range	23W	County	Ford	State	Ks	On Location		Finish	
Lease	Commings		Well No.	1-12		Location									
Contractor	MENDOZ 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.												
Csg.	4 1/2		Depth		Charge To VINCENT OIL COOP										
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 150x 60/40 4 1/2 GEL 100 lbs Hulls on side USED 100 x										
EQUIPMENT															
Pumptrk	3	No.				Common 60x									
Bulktrk	12	No.				Poz. Mix 40x									
Bulktrk		No.				Gel. 344 lbs									
Pickup		No.				Calcium									
JOB SERVICES & REMARKS															
Rat Hole						Hulls 100 lbs									
Mouse Hole	CIBPD S245 2x CMT					Salt									
Centralizers	PERT					Flowseal									
Baskets						Kol-Seal									
D/V or Port Collar						Mud CLR 48									
Hook up to Csg						CFL-117 or CD110 CAF 38									
Psi test Csg	4 1/2 Bbls 500' HELD					Sand									
PERF 1500'						Handling 154									
FCI 2 1212'						Mileage 65 / 8000									
25x DEAT						FLOAT EQUIPMENT									
25x 100 lbs Hulls						Guide Shoe									
DISP 500'						Centralizer									
2" Plog 700'						Baskets									
730x						AFU Inserts									
DISP 3" Plog						Float Shoe									
20x CMC to PER						Latch Down									
PTOIH V BS 300'						SERVICE SUP 1EA LW 65									
THANK YOU						Pumptrk Charge PTA									
PLEASE CALL						Mileage 130									
TODD MORT															
Signature											Tax				
												Discount			
												Total Charge			