

**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**

|           |                            |
|-----------|----------------------------|
| Form      | CP4 - Well Plugging Record |
| Operator  | Vincent Oil Corporation    |
| Well Name | KELLER 2-27                |
| Doc ID    | 1785582                    |

Producing Formations

| Formation          | Top  | Bottom | Total Depth |
|--------------------|------|--------|-------------|
| Cherokee Limestone | 5049 |        |             |
| Penn Limestone     | 5117 |        |             |
| Conglomerate       | 5146 |        |             |
| Mississippian      | 5159 |        | 5330        |

# QUALITY WELL SERVICE, INC.

8573

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   | 6-5-24              | Sec. | 27   | Twp.     | 28          | Range                   | 23  | County | Ford | State        | KS | On Location | Finish |
| Lease  | Keller              |      | Well No.   |          | 2-27        |                         | Location  |        |      |              |    |             |        |
| Contractor   | Mendez Well Service |      |  |          |             |                         | Owner   |        |      |              |    |             |        |
| Type Job   | PTA                 |      |  |          |             |                         | To Quality Well Service, Inc.<br>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  | T.D.                |      |  |          |             |                         | Charge To   |        |      |              |    |             |        |
| Csg.   | 4.5                 |      | Depth  |          | Vincent oil |                         |   |        |      |              |    |             |        |
| 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  |          |             |                         |   |        |      |              |    |             |        |
| EQUIPMENT  |                     |      |  |          |             |                         |   |        |      |              |    |             |        |
| Pumptrk  | 8                   | No.  |  | Common   |             | 90                      |   |        |      |              |    |             |        |
| Bulktrk  | 10                  | No.  |  | Poz. Mix |             | 55                      |   |        |      |              |    |             |        |
| Bulktrk  |                     | No.  |  | Gel.     |             | 500#                    |   |        |      |              |    |             |        |
| Pickup   |                     | No.  |  | Calcium  |             |                         |   |        |      |              |    |             |        |
| JOB SERVICES & REMARKS                                       |                     |      |  |          |             |                         |   |        |      |              |    |             |        |
| Rat Hole   | Hulls               |      |  |          |             |                         |   |        |      |              |    |             |        |
| Mouse Hole   | Salt                |      |  |          |             |                         |   |        |      |              |    |             |        |
| Centralizers   | Flowseal            |      |  |          |             |                         |   |        |      |              |    |             |        |
| Baskets  | Kol-Seal            |      |  |          |             |                         |   |        |      |              |    |             |        |
| D/V or Port Collar   | Mud CLR 48          |      |  |          |             |                         |   |        |      |              |    |             |        |
| 1st Tubing @ 1500 pumped 50sx<br>60/40 4 1/2 gal.            |                     |      |  |          |             | CFL-117 or CD110 CAF 38 |   |        |      |              |    |             |        |
| 2nd Tubing @ 1600 pumped 50sx<br>60/40 4 1/2 gal.            |                     |      |  |          |             | Sand                    |   |        |      |              |    |             |        |
| 3rd Tubing @ 60' pumped 45 sx<br>60/40 4 1/2 gal to surface. |                     |      |  |          |             | Handling 150            |   |        |      |              |    |             |        |
|  |                     |      |  |          |             | Mileage 6519750         |   |        |      |              |    |             |        |
| FLOAT EQUIPMENT  |                     |      |  |          |             |                         |   |        |      |              |    |             |        |
|  |                     |      |  |          |             | Guide Shoe              |   |        |      |              |    |             |        |
|  |                     |      |  |          |             | Centralizer             |   |        |      |              |    |             |        |
|  |                     |      |  |          |             | Baskets                 |   |        |      |              |    |             |        |
|  |                     |      |  |          |             | AFU Inserts             |   |        |      |              |    |             |        |
|  |                     |      |  |          |             | Float Shoe              |   |        |      |              |    |             |        |
|  |                     |      |  |          |             | Latch Down              |   |        |      |              |    |             |        |
|  |                     |      |  |          |             | LMV 65                  |   |        |      |              |    |             |        |
|  |                     |      |  |          |             | Service Supervisor      |   |        |      |              |    |             |        |
|  |                     |      |  |          |             | Pumptrk Charge PTA      |   |        |      |              |    |             |        |
|  |                     |      |  |          |             | Mileage 130             |   |        |      |              |    |             |        |
|  |                     |      |  |          |             |                         |   |        |      | Tax          |    |             |        |
|  |                     |      |  |          |             |                         |   |        |      | Discount     |    |             |        |
|  |                     |      |  |          |             |                         |   |        |      | Total Charge |    |             |        |
| X<br>Signature   |                     |      |  |          |             |                         |   |        |      |              |    |             |        |

**Quality Well Service, Inc.**

**PO Box 468  
Pratt, KS 67124**

**Invoice**

|          |           |
|----------|-----------|
| Date     | Invoice # |
| 6/7/2024 | C-3495    |

|  |
|--|
| Bill To  |
| Vincent Oil Corporation<br>200 W. Douglas, Ste. 725<br>Wichita, KS 67202 |

|          |       |              |
|----------|-------|--------------|
| P.O. No. | Terms | Lease Name   |
|          |       | Keller #2-27 |

| Description   | Qty   | Rate     | Amount    |
|---|-------|----------|-----------|
| Common  | 90    | 16.75    | 1,507.50T |
| Poz   | 55    | 9.50     | 522.50T   |
| Gel   | 500   | 0.22     | 110.00T   |
| Plug/Pump Charge  | 1     | 1,100.00 | 1,100.00T |
| Handling  | 150   | 2.10     | 315.00T   |
| .10 * sacks * miles   | 9,750 | 0.10     | 975.00T   |
| Service Supervisor  | 1     | 500.00   | 500.00T   |
| LMV   | 65    | 4.50     | 292.50T   |
| Heavy Equipment Mileage                                     | 130   | 9.50     | 1,235.00T |
| Customer Discount   |       | -983.63  | -983.63   |
| Discount Expires after 30 days from the date of the invoice |       | 0.00     | 0.00      |
| Keller #2-27<br>Ford Co.                                    |       |          |           |

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

|                         |            |
|-------------------------|------------|
| <b>Subtotal</b>         | \$5,573.87 |
| <b>Sales Tax (7.5%)</b> | \$418.04   |
| <b>Total</b>            | \$5,991.91 |