

**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**



Excel Wireline, LLC

457 Yucca Lane

# Invoice

Date of Service	Due Date
7/17/2024	8/21/2024

Invoice #
5725

Bill To
F.G. Holl Company, LLC P.O. Box 308 Ellinwood, KS 67526-0308

Lease	Well #	County	Truck
McBurney 2-22	Old	Edwards	#9

Quantity	Description	Unit Price	Amount
1	Service Charge, 4.5 CIBP Depth & Setting, Stacked Out- Incomplete Operation 7/18/24- Squeeze Holes, Service Charge  JUL 26 2024 ROB LONG  4071080 4.5 Bridge Plug		

Thank you for your business!

**Subtotal**

**Sales Tax (7.5%)**

**Balance Due**

All accounts are to be paid within 30 days from date of invoice with Excel Wireline and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice. Interst, Attorney, Court, Filing and other fees will be added to accounts turned over to collections.



# Quality Well Service, Inc.

**PO Box 468  
Pratt, KS 67124**

# Invoice

Date	Invoice #
7/22/2024	C-3523

<b>Bill To</b>
F.G. Holl Company LLC PO Box 308 Ellinwood, KS 67526 Attn: Rob Long

P.O. No.	Terms	Lease Name
		McBurney #2-22

Description	Qty	Rate	Amount
Common	100		
Plug/Pump Charge	1		
Handling	200		
.10 * sacks * miles	8,000		
Service Supervisor	1		
LMV	40		
Heavy Equipment Mileage	80		
Customer Discount			
Discount Expires after 30 days from the date of the invoice			
McBurney #2-22			
Edwards Co.			

**JUL 26 2024  
ROB LONG**

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

<b>Subtotal</b>
<b>Sales Tax (7.5%)</b>
<b>Total</b>

# QUALITY WELL SERVICE, INC.

8591

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	7-19-24	Sec.	22	Twp.	24S	Range	17W	County	EDWARDS	State	KI	On Location	Finish
Lease	MIC BURNET		Well No.		2-22		Location						
Contractor	TAR LLC						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							T.D.						
Csg.	4 1/2						Depth						
Tbg. Size	1"						Depth						
Tool							Street						
Cement Left in Csg.							City						
Meas Line							State						
							Shoe Joint						
							The above was done to satisfaction and supervision of owner agent or contractor.						
							Displace						
							Cement Amount Ordered 2004 Com						
<b>EQUIPMENT</b>													
Pumptrk	3	No.											
Bulktrk	10	No.											
Bulktrk		No.											
Pickup		No.											
<b>JOB SERVICES &amp; REMARKS</b>													
Rat Hole	USED 100%												
Mouse Hole	Common 100%												
Centralizers	Poz. Mix												
Baskets	Gel.												
D/V or Port Collar	Calcium												
	Hulls												
	Salt												
	Flowseal												
	Kol-Seal												
	Mud CLR 48												
	CFL-117 or CD110 CAF 38												
	Sand												
	Handling 100												
	Mileage 40/3000												
<b>FLOAT EQUIPMENT</b>													
	Guide Shoe												
	Centralizer												
	Baskets												
	AFU Inserts												
	Float Shoe												
	Latch Down												
	SERVICE SUP 1 EA												
	LNU 40												
	Pumptrk Charge PTA												
	Mileage 90												
											Tax		
											Discount		
											Total Charge		
THANK YOU PLEASE CALL AGAIN DON MARY HATH													
Signature: <i>[Handwritten Signature]</i>													