

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.

RECEIVED

Invoice

**PO Box 468
Pratt, KS 67124**

AUG 09 2024

Date	Invoice #
8/6/2024	C3537

Bill To
Vess Oil Corporation 1700 Waterfront PKWY BLDG. 500 Wichita, KS 67206-6619

P.O. No.	Terms	Lease Name
		Graham #6

Description	Qty	Rate	Amount
Common	385	16.75	6,448.75T
Gel	1,000	0.22	220.00T
Calcium	400	1.50	600.00T
Hulls	7	64.00	448.00T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	410	2.10	861.00T
.10 * sacks * miles	30,000	0.10	3,000.00T
Service Supervisor	1	500.00	500.00T
LMV	110	4.50	495.00T
Heavy Equipment Mileage	220	9.50	2,090.00T
Customer Discount		-3,152.55	-3,152.55
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Graham #6 Butler Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	Subtotal	\$12,610.20
	Sales Tax (6.5%)	\$819.66
	Total	\$13,429.86

QUALITY WELL SERVICE, INC.

8602

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	7-15-24	Sec.	Twp.	Range	County	State	On Location	Finish
	7-16-24				Butler	Ks		
Lease	Graham	Well No.	6	Location				
Contractor	Quality 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		T.D.						
Csg.	55	Depth	Charge To Vess					
Tbg. Size		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			385 sq cement		
EQUIPMENT								
Pumptrk	8	No.		Common 385				
Bulktrk	15	No.		Poz. Mix				
Bulktrk		No.		Gel. 1000 #				
Pickup		No.		Calcium 400 #				
JOB SERVICES & REMARKS								
Rat Hole				Hulls 350 #				
Mouse Hole				Salt				
Centralizers				Flowseal				
Baskets				Kol-Seal				
D/V or Port Collar	7-11-24			Mud CLR 48				
1st Run tubing to 2600 pumped				CFL-117 or CD110 CAF 38				
50sq cement 150H Hulls 32cc				Sand				
Tagged @ 2600 pumped 50sq				Handling 410				
cement 150H Hulls 32cc tagged				Mileage 110/30000				
@ 2250				FLOAT EQUIPMENT				
7-15-24				Guide Shoe				
1st pumped 1051 gal @ 2100				Centralizer				
Pulled tubing to 1570 pumped				Baskets				
35sq cement 50H hulls				AFU Inserts				
				Float Shoe				
				Latch Down				
2nd Run packer to 125 pumped				LPIV 110				
215sq cement shut down lost circ.				Service supervisor				
7-16-24				Pumptrk Charge PTA				
Tagged cement @ 220 pumped				Mileage 220				
35sq cement open hole runs								
full of cement								
							Tax	
							Discount	
							Total Charge	
X Signature								