

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.

8619

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	9-5-24	Sec.	2	Twp.	29S	Range	23W	County	Ford	State	Ks	On Location		Finish			
Lease	BROWN	Well No.	1-2	Location													
Contractor	MENDOZ Well Service	Owner										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.					
Type Job	PTI	T.D.										Charge To VINCENT OIL CORP					
Hole Size	7 7/8	Depth										Street					
Csg.		Depth										City					
Tbg. Size	2 3/8	Depth										State					
Tool		Shoe Joint										The above was done to satisfaction and supervision of owner agent or contractor.					
Cement Left in Csg.		Displace										Cement Amount Ordered 135 sl 60/40 4' Gel					
Meas Line		EQUIPMENT										60/40 CEL 4' 2.50					
Pumptrk	0	No.		Common										51.50			
Bulktrk	10	No.		Poz. Mix										34.50			
Bulktrk		No.		Gel.										1064 151			
Pickup		No.		Calcium													
JOB SERVICES & REMARKS												Hulls					
Rat Hole												Salt					
Mouse Hole												Flowseal					
Centralizers												Kol-Seal					
Baskets												Mud CLR 48					
D/V or Port Collar												CFL-117 or CD110 CAF 38					
1 st Plug @ 1560												Sand					
12 Gel = 600'												Handling 146					
50 sl 60/40 4' Gel												Mileage 65 (540)					
DISP												FLOAT EQUIPMENT					
2 nd Plug @ 750												Guide Shoe					
50 sl 60/40 4' CEL												Centralizer					
DISP												Baskets					
3 rd Plug @ 60												AFU Inserts					
35 sl 60/40 4' CEL												Float Shoe					
Circ CAT TO PT												Latch Down					
THANK YOU												SERVICE SW 1 LP					
PLEASE CALL AGAIN												LMT 65					
DEREK HANSON JACKSON												Pumptrk Charge PTF					
Signature												Mileage 150					
												Tax					
												Discount					
												Total Charge					

Quality Well Service, Inc.

Invoice

**PO Box 468
Pratt, KS 67124**

Date	Invoice #
9/9/2024	C-3554

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

P.O. No.	Terms	Lease Name
		Brown #1-2

Description	Qty	Rate	Amount
Common	81	16.75	1,356.75T
Poz	54	9.50	513.00T
Gel	1,064	0.22	234.08T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	146	2.10	306.60T
.10 * sacks * miles	9,490	0.10	949.00T
Service Supervisor	1	500.00	500.00T
LMV	65	4.50	292.50T
Heavy Equipment Mileage	130	9.50	1,235.00T
Customer Discount		-973.03	-973.03
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Brown #1-2 Ford Co.			
PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!			Subtotal \$5,513.90
			Sales Tax (7.5%) \$413.54
			Total \$5,927.44

9/4/24 BROWN 1-2

MWS rigged up ELI rigged up and set CIBP at 5070' w/2sx cmt. We found free point at 2200' cut pipe and pulled casing. They then ran tubing to plug well.

9/5/24 BROWN 1-2

Quality Cement rigged up to plug.

1st plug at 1567' 10 sx gel 50 sx cmt

2nd plug at 760' 50 sx

3rd at 60' to surface 35 sx all cement 60/40/4 done at 11:30 am.