

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.

8618

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	03-29-24	Sec.	34	Twp.	27S	Range	23W	County	FORD	State	Ks	On Location		Finish	
Lease	DERSTEIN		Well No.	3-34		Location									
Contractor	MENDEZ WELL SERVICE					Owner									
Type Job	PIA					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.					Charge To				
Csg.						Depth					VINCENT OIL CORP				
Tbg. Size	2 3/8					Depth					Street				
Tool						Depth					City				
Cement Left in Csg.						Shoe Joint					State				
Meas Line						Displace					The above was done to satisfaction and supervision of owner agent or contractor.				
EQUIPMENT										Cement Amount Ordered					
										215 SK 60/40 4 1/2 GEL					
Pumptrk	3	No.				Common									
Bulktrk	15	No.				129 SK									
Bulktrk		No.				Poz. Mix									
Pickup		No.				86 SK									
										Gel.					
										740 lbs					
										Calcium					
JOB SERVICES & REMARKS										Hulls					
Lat Hole										Salt					
House Hole										Flowseal					
Centralizers										Kol-Seal					
Baskets										Mud CLR 48					
W or Port Collar										CFL-117 or CD110 CAF 38					
1st Plug @ 1567'										Sand					
50 SK 60/40 4 1/2 GEL										Handling					
Disp										22.3					
										Mileage					
										65 / 10000					
										FLOAT EQUIPMENT					
2nd Plug @ 760'										Guide Shoe					
50 SK 60/40 4 1/2 GEL										Centralizer					
Disp										Baskets					
										AFU Inserts					
3rd Plug @ 62'										Float Shoe					
50 SK 60/40 4 1/2 GEL										Latch Down					
Mud + Circ LET SET 1 HR										SERVICE SUP 1 EA					
65 SK 60/40 4 1/2 GEL										LMV 65					
Circ MT TO BIT										Pumptrk Charge					
THANK YOU										PIA					
										Mileage					
										130					
										Tax					
										Discount					
Signature										Total Charge					

Quality Well Service, Inc.

Invoice

**PO Box 468
Pratt, KS 67124**

Date	Invoice #
9/9/2024	C-3553

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

P.O. No.	Terms	Lease Name
		Derstein #3-34

Description	Qty	Rate	Amount
Common	129	16.75	2,160.75T
Poz	86	9.50	817.00T
Gel	740	0.22	162.80T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	223	2.10	468.30T
.10 * sacks * miles	12,000	0.10	1,200.00T
Service Supervisor	1	500.00	500.00T
LMV	65	4.50	292.50T
Heavy Equipment Mileage	130	9.50	1,235.00T
Customer Discount		-1,587.27	-1,587.27
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Derstein #3-34 Ford Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	Subtotal	\$6,349.08
	Sales Tax (7.5%)	\$476.18
	Total	\$6,825.26