

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.

8622

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

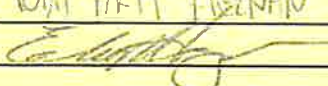
Mailing Address P.O. Box 468

Office 620-786-6992

Fax 620-672-3663

Todd's Cell 620-388-4967

Brady's Cell 620-727-6964

Date	9-12-24	Sec.	23	Twp.	23S	Range	23W	County	Foran	State	Ks	On Location	Finish
Lease	BROWN		Well No.	1-23		Location							
Contractor	MENDEZ 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	7 7/8		T.D.										
Csg.	4 1/2		Depth		Charge To VINCENT OIL CORP								
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 130 SK 60/40 4 1/2 FELS								
EQUIPMENT										2x Halls on site			
Pumptrk	3	No.			Common 185								
Bulktrk	10	No.			Poz. Mix 525								
Bulktrk		No.			Gel. 447 lbs								
Pickup		No.			Calcium								
JOB SERVICES & REMARKS										Hulls 100 lbs			
Rat Hole								Salt					
Mouse Hole	CIBP d 1525'							Flowseal					
Centralizers	PERF 1500'							Kol-Seal					
Baskets	cut off d 885' 600'							Mud CLR 48					
D/V or Port Collar								CFL-117 or CD110 CAF 38					
Hook up to 4 1/2								Sand					
Pump 13 1/2 1st Rate								Handling 135					
Mic. Pump 25 SK 60/40 4 1/2 FELS								Mileage 60/810					
Mic. Pump 25 SK 60/40 4 1/2 FELS 100' hulls								FLOAT EQUIPMENT					
Disp PTOOH w/ PKK								Guide Shoe					
cut off 585' 600' Pull 150 out of hole								Centralizer					
Run 4 1/2 to 600'								Baskets					
Mic. Pump 50 SK 60/40 4 1/2 FELS								AFU Inserts					
Disp								Float Shoe					
4 1/2 d 60'								LATCH DOWN Add Hk 3 ET					
Mic. Pump 30 SK 60/40 4 1/2 FELS								SERVICE SW 1 EA					
Cell cut TO PER								LMV 60					
								Pumptrk Charge PTA					
								Mileage 120					
THANK YOU PLEASE CALL MATT WAT MATT HERNAN										Tax			
X Signature 										Discount			
										Total Charge			

Quality Well Service, Inc.

Invoice

**PO Box 468
Pratt, KS 67124**

Date	Invoice #
9/16/2024	C-3560

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

P.O. No.	Terms	Lease Name
		Brown #1-28

Description	Qty	Rate	Amount
Common	78	17.50	1,365.00T
Poz	52	9.50	494.00T
Gel	447	0.50	223.50T
Hulls	2	64.00	128.00T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	135	2.10	283.50T
.15 * sacks * miles	8,100	0.15	1,215.00T
Additional Hours	3	350.00	1,050.00T
Service Supervisor	1	500.00	500.00T
LMV	60	4.50	270.00T
Heavy Equipment Mileage	120	9.50	1,140.00T
Customer Discount		-1,165.35	-1,165.35
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Brown #1-28			
Ford Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	Subtotal	\$6,603.65
	Sales Tax (7.5%)	\$495.27
	Total	\$7,098.92