

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.

8620

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	Sec.	Twp.	Range	County	State	On Location	Finish
9-10-24	10	29S	23W	FOOT	KS		
Lease	Droste		Well No.	2-10			
Contractor				MENDER WELL SERVICE			
Type Job				PTA			
Hole Size				7 7/8			
Csg.				Depth			
Tbg. Size				Depth			
Tool				Depth			
Cement Left in Csg.				Shoe Joint			
Meas Line				Displace			
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.			
Charge To				Wingert			
Street				City			
State				State			
The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Amount Ordered				135 SK 60/40 4 1/2 GEL			
EQUIPMENT							
Pumptrk	3	No.		Common			
Bulktrk	15	No.		Poz. Mix			
Bulktrk		No.		Gel.			
Pickup		No.		Calcium			
JOB SERVICES & REMARKS							
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 @ 1500				Sand			
6x GEL				Handling			
50x 60/40 4 1/2 GEL				Mileage			
DISP				FLOAT EQUIPMENT			
2 nd Plug @ 700				Guide Shoe			
50x 60/40 4 1/2 GEL				Centralizer			
DISP				Baskets			
3 rd Plug @ 60				AFU Inserts			
35x 60/40 4 1/2 GEL				Float Shoe			
C/C CMT TO PST				Latch Down			
				SERVICE SW			
				LMU			
				Pumptrk Charge			
				Mileage			
THANK YOU PLEASE CALL ALAN OR MATT HERNAN				Tax			
				Discount			
				Total Charge			
Signature							

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
9/11/2024	C-3556

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

P.O. No.	Terms	Lease Name
		Droste #2-10

Description	Qty	Rate	Amount
Common	81	16.75	1,356.75T
Poz	54	9.50	513.00T
Gel	1,069	0.22	235.18T
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		-973.20	-973.20
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Droste #2-10			
Ford Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	Subtotal	\$5,514.83
	Sales Tax (7.5%)	\$413.61
	Total	\$5,928.44

9/9/24 DROSTE 2-10

MWS rigged up and ELI rigged up to set CIBP at 5075' w/2sx cmt then found free point and cut off at 1825' pulled pipe and ran tubing for plugging.

9/10/24 DROSTE 2-10

Quality Cement rigged up to plug well

1st plug at 1510' 10 sx gel 50 sx cmt

2nd plug at 700' 50 sx

3rd plug at 60' cmt to surface 35 sx. All cement 60/40/4