

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.

PO Box 468
Pratt, KS 67124

RECEIVED

Mar 16 2026

INVOICE

BILL TO
Vess Oil Corporation
1700 Waterfront PKWY BLDG. 500
Wichita, KS 67206-6619

INVOICE C-3789
DATE 03/11/2026
TERMS Net 30
DUE DATE 04/10/2026

LEASE NAME
Beaver 6

DESCRIPTION	QTY	RATE	AMOUNT
Common	120	17.50	2,100.00T
Poz	70	9.50	665.00T
Gel	700	0.50	350.00T
Calcium	150	1.50	225.00T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	200	2.10	420.00T
.15 * sacks * miles	7,000	0.15	1,050.00T
Service Supervisor	1	500.00	500.00T
LMV	35	4.50	157.50T
Heavy Equipment Mileage	70	9.50	665.00T
Customer Discount	1	-1,084.88	-1,084.88T
DISCOUNT EXPIRES AFTER 30 DAYS FROM DATE OF THIS INVOICE	1	0.00	0.00

PLEASE REMIT TO ABOVE COMPANY & ADDRESS!
Thank you for your business!

SUBTOTAL	6,147.62
TAX	461.07
TOTAL	6,608.69
BALANCE DUE	\$6,608.69

QUALITY WELL SERVICE, INC.

8868

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	3-10-26	Sec.	9	Twp.	23	Range	14	County	Stafford	State	Ks	On Location		Finish	
Lease	Braker	Well No.	6			Location									

Contractor	Quality 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	PTA		T.D.												
Hole Size			Depth												
Csg.	4.5.		Depth												
Tbg. Size			Depth												
Tool			Depth												
Cement Left in Csg.			Shoe Joint												
Meas Line			Displace												
				Charge To	Wass oil										
				Street											
				City											
				State											
				The above was done to satisfaction and supervision of owner agent or contractor.											
				Cement Amount Ordered	170 sy 60/40 49 gal										

EQUIPMENT

Pumptrk	8	No.		Common	120
Bulktrk	15	No.		Poz. Mix	70
Bulktrk		No.		Gel.	700#
Pickup		No.		Calcium	150 #

JOB SERVICES & REMARKS

Rat Hole		Hulls	
Mouse Hole		Salt	
Centralizers		Flowseal	
Baskets		Kol-Seal	
D/V or Port Collar		Mud CLR 48	
15' Tubing @ 900 pumped 75sv		CFL-117 or CD110 CAF 38	
60/40 4 1/2 gal 39' cc		Sand	
		Handling	100
		Mileage	35/1000

FLOAT EQUIPMENT

200 Tubing @ 500 pumped 50sv		Guide Shoe	
60/40 4 1/2 gal		Centralizer	
		Baskets	
		AFU Inserts	
		Float Shoe	
		Latch Down	
		LIMV	35
		Service Supervisor	
		Pumptrk Charge	PTA
		Mileage	70

Signature	Tax	
	Discount	
	Total Charge	