

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-3788
DATE 03/11/2026
TERMS Net 30
DUE DATE 04/10/2026

LEASE NAME
Beaver 3

DESCRIPTION	QTY	RATE	AMOUNT
Common	90	17.50	1,575.00T
Poz	55	9.50	522.50T
Gel	1,000	0.50	500.00T
Calcium	100	1.50	150.00T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	157	2.10	329.70T
.15 * sacks * miles	5,495	0.15	824.25T
Service Supervisor	1	500.00	500.00T
LMV	35	4.50	157.50T
Heavy Equipment Mileage	70	9.50	665.00T
Customer Discount	1	-948.60	-948.60T
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	5,375.35
TAX	403.15
TOTAL	5,778.50

BALANCE DUE **\$5,778.50**

QUALITY WELL SERVICE, INC.

8867

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
3-9-26	9	23	14	Stuffed.	Ks		
Lease Beaver	Well No. 3		Location				
Contractor Quality 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		T.D.		Charge To			
Csg. 4.5		Depth		To Loss oil			
Tbg. Size		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 145 sz 60/40 4% gel.			
EQUIPMENT				5 sz gel on site			
Pumptrk 8	No.			Common 90			
Bulktrk 15	No.			Poz. Mix 55			
Bulktrk	No.			Gel. 100#			
Pickup	No.			Calcium 100#			
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 Pumped 55 sz 60/40 4% gel @ 900'				Sand			
				Handling 157			
				Mileage 35 5495			
2 nd Pumped 50 sz 60/40 4% gel @ 500'				FLOAT EQUIPMENT			
				Guide Shoe			
				Centralizer			
3 rd Pumped 35 sz 60/40 4% gel @ 40' to surface				Baskets			
				AFU Inserts			
				Float Shoe			
4 th Tapped well off with 10 sz 60/40 4% gel				Latch Down			
				LMV 35			
				Service supervisor			
				Pumptrk Charge PTA			
				Mileage 70			
				Tax			
				Discount			
X Signature				Total Charge			