



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1154165
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Quality Well Service, Inc.

324 Simpson St.
Pratt, KS 67124

Invoice

Date	Invoice #
7/24/2013	C-887

Bill To
VAL Energy Inc. Box 116 Wichita, KS 67201

P.O. No.	Terms	Lease Name
		Smith #1-22

Description	Qty	Rate	Amount
Common	105	15.50	1,627.50T
Poz	70	9.50	665.00T
Gel	16	20.50	328.00T
Hulls	2	45.00	90.00T
5 1/2 Rubber Plug	1	55.00	55.00T
Pumped Bottom	1	950.00	950.00T
2nd day Pump Truck	1	450.00	450.00T
Handling	191	2.10	401.10T
.08 * sacks * miles	1,910	0.08	152.80T
LMV	10	3.00	30.00T
Pump Truck Mileage	10	8.00	80.00T
Discount	482.94	-1.00	-482.94T
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Smith #1-22 Barber Co.			
		ENTERED	
		AUG 6 2013	

Thank You for your business!	Subtotal	\$4,346.46
	Sales Tax (7.15%)	\$310.77
	Total	\$4,657.23

QUALITY WELL SERVICE, INC.

5860

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish
1-19-17	22	31	13	Barber	KS		
Lease	Well No.		Location				
Smith	1-22						
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.	5.5			Val Energy			
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 175s. 10/140 4/20 6/1			
EQUIPMENT				10 Csg 2 side			
Pumptrk	No.	Run		Common 105			
Bulktrk	No.	Run		Poz. Mix 70			
Bulktrk	No.	Drive		Gel. 16			
Pickup	No.			Calcium			
JOB SERVICES & REMARKS				Hulls 200*			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
1-19-17				Sand			
1-19-17				Handling 191			
1-19-17				Mileage 10			
FLOAT EQUIPMENT							
1-19-17				Guide Shoe			
1-19-17				Centralizer			
1-19-17				Baskets			
1-19-17				AFU Inserts			
1-19-17				Float Shoe			
1-19-17				Latch Down			
1-19-17				5.5 Rubber Plug			
1-19-17				Pumptrk Charge PTA, 2nd day			
1-19-17				Mileage 10			
				Tax			
				Discount			
				Total Charge			
X Signature							