



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

KANSAS CORPORATION COMMISSION 1237168
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

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



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept:970
P.O.Box 4346
Houston, TX 77210-4346

MAIN OFFICE

P.O.Box 884
Chanute, KS 66720
620/431-9210, 1-800/467-8676
Fax 620/431-0012

Invoice

Invoice#

802748

Invoice Date: 12/23/14

Terms: C.O.D.

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VAL ENERGY

125 N. Market, Ste. 1710
WICHITA KS 67202
USA

CJK 1-17

RECEIVED
DEC 29 2014

9233-1

Plug Cement

Tax: 385.78

Total: 7,501.66



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

1609

1500
INVOICE #80748

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 47845
LOCATION Oakley ks.
FOREMAN Cory Davis
Jerry K.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/20/14	8576	COE 1-17	17	17S	33W	scott
CUSTOMER Val Energy			4 1/2 83 Jct 4 1/2 w 1 1/4 S			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			731	Jeremy R.		
STATE			528	Robert S.		
ZIP CODE						

JOB TYPE Plug HOLE SIZE 12 1/4 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
SLURRY WEIGHT 138 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, rig up on val 4 Plug as ordered mixing 60/40 4%
1 2450' 50 sks Dis 3 water 2 in mud
2 1450' 80 sks Dis 8 water
3 700' 50 sks Dis 6 water
4 270' 50 sks Dis 1 water
5 60 20 sks
R 30 sks
M 20 sks Wash up pump and lines Rig down

Thanks Cory Davis and crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 IV	1	PUMP CHARGE	1,395.00	1,395.00
5406	45	MILEAGE	5.25	236.25
5407 A	12.9	Ton mileage Delivery	1.75	1,015.88
1131	300 sks	60/40 Poz mix	15.86	4,758.00
1118	1'032 #	Bentonite	.27	278.64
1107	75 #	Flo-seal	2.97	222.75
			sub total	7,906.52
			10% loss	790.65
			sub total	7,115.87
			SALES TAX	385.78
			ESTIMATED TOTAL	7501.66

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept:970
P.O.Box 4346
Houston, TX 77210-4346

MAIN OFFICE

P.O.Box 884
Chanute, KS 66720
620/431-9210, 1-800/467-8676
Fax 620/431-0012

Invoice

Invoice# 802549

Invoice Date: 12/11/14

Terms: Net 30

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VAL ENERGY
125 N. Market, Ste. 1710
WICHITA KS 67202
USA

RECEIVED

DEC 15 2014

9208

CJK 1-17

SURFACE CEMENT

Tax: 286.56

Total: 5,649.97



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

145
1350

802549
INVOICE #

TICKET NUMBER 46576
LOCATION Oakley, KS
FOREMAN Kelly Gabel

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-9-14	8576	1-17	17	175	33W	Scott
CUSTOMER			TRUCK #		DRIVER	
Val Energy			731		Jeremy	
MAILING ADDRESS			4160		Lance	
CITY			STATE		ZIP CODE	

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 246 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 246 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 148 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 14 1/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on val #4, broke circulation, mixed 180 SKS Com 3% cc 2% gel, displaced with 14 1/2 bbl water shut in

cement did circulate

Thank You Kelly + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150.00	1150.00
5406	45 mi	MILEAGE	5.25	236.25
5407A	8.46	Ton mileage delivery	1.75	666.22
11045	180 SKS	class A cement	18.55	3339.00
1102	507#	calcium chloride	.94	476.58
1118B	338	gel	.27	91.26
1111	100#	salt	NC	NC
			<i>Sub</i>	5959.31
			<i>Sub 10970</i>	5959.31
			<i>Total</i>	5363.38
			SALES TAX	286.56
			ESTIMATED TOTAL	5649.94

Ravin 3737

AUTHORIZATION *Ravin* TITLE _____ DATE 12-9-14

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.