

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

KANSAS CORPORATION COMMISSION 1350222  
 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**

**Invoice**

Date	Invoice #
3/27/2017	C-1545

Bill To
VAL Energy Inc. 125 N. Market, Ste. 1710 Wichita, KS 67202

P.O. No.	Terms	Lease Name
		D. Meyer #3-13

Description	Qty	Rate	Amount
Common	80	15.50	1,240.00T
Poz	50	9.50	475.00T
Gel	14	22.00	308.00T
Plug	1	950.00	950.00T
Handling	144	2.10	302.40T
.08 * sacks * miles	6,480	0.08	518.40T
Service Supervisor	1	150.00	150.00T
LMV	45	3.75	168.75T
Heavy Equipment Mileage	90	8.00	720.00T
Customer Discount		-1,788.04	-1,788.04
Discount Expires after 30 days from the date of the invoice		0.00	0.00
D. Meyer #3-13 Barber Co. <i>Cement to plug well # 3-13</i>			
Thank You for your business!		<b>Subtotal</b>	\$3,044.51
		<b>Sales Tax (7.5%)</b>	\$228.34
		<b>Total</b>	\$3,272.85

# QUALITY WELL SERVICE, INC.

6633

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410  
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
3-10-17	13	34	11	Barber	KS.		
Lease <i>D. Meyer</i>	Well No. <i>313</i>		Location				
Contractor <i>Quality Well Service</i>				Owner			
Type Job <i>PTA</i>				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 <i>Val Energy</i>			
Csg. <i>5.5</i>		Depth		Street			
Tbg. Size		Depth		City State			
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 <i>130sr 60/40 4% gel</i>			
<b>EQUIPMENT</b>				<i>10 sr 6el on side</i>			
Pumptrk <i>8</i>	No.	<i>mike</i>		Common <i>80</i>			
Bulktrk <i>9</i>	No.	<i>Des. R.</i>		Poz. Mix <i>50</i>			
Bulktrk	No.			Gel. <i>14</i>			
Pickup	No.	<i>Des. R.</i>		Calcium			
<b>JOB SERVICES &amp; REMARKS</b>				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			
<i>1st. Pumped 10sr 6el 50sr 60/40 4% gel @ 600'</i>				Sand			
				Handling <i>144</i>			
				Mileage <i>45</i>			
<i>2nd Pumped 50sr 60/40 4% gel @ 750'</i>				<b>FLOAT EQUIPMENT</b>			
				Guide Shoe			
				Centralizer			
<i>3rd Pumped 30sr 60/40 4% gel @ 40' to surface.</i>				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				<i>LMV 45</i>			
				<i>Service Supervisor</i>			
				Pumptrk Charge <i>PTA</i>			
				Mileage <i>90</i>			
				Tax			
				Discount			
				Total Charge			
X Signature							