

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

KANSAS CORPORATION COMMISSION 1358428
 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



8373
8271

TICKET NUMBER 51821
LOCATION Oakley, KS
FOREMAN Miles Shaw

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

FIELD TICKET & TREATMENT REPORT
CEMENT

810511 US

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-17-17	9576	Johnson 1-31	31	-75	35W	Thomas
CUSTOMER <u>Val Energy</u>			Levant, KS W on old Hwy 24 to Rd 9 W to Rd 5 2W 34N E into			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			731	Loyd		
STATE			479	Miles S		
ZIP CODE						

JOB TYPE PTA HOLE SIZE 7 7/8" HOLE DEPTH 4910' CASING SIZE & WEIGHT _____
CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.5 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and 1-5 up on WW drilling Rig #2 Plus as ordered
1st 50 sk @ 2950'
2nd 100 sk @ 2050'
3rd 50 sk @ 350'
4th 10 sk @ 40'
RH 30 sk
240 sk 60/40 48 gal 7/4" P/B

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0551 ✓	1	✓ PUMP CHARGE	1900. ⁰⁰	1900. ⁰⁰
CE0002 ✓	30	✓ MILEAGE	7.15	214. ⁵⁰
CE0711 ✓	10.44 ton	✓ Ton mitase delivery	660. ⁰⁰	660. ⁰⁰
CL5829 ✓	240 sk	✓ Life Weight blend II	16. ⁰⁰	3840. ⁰⁰
LC6075 ✓	60 sk	✓ Pro seal	3. ⁰⁰	180. ⁰⁰
			Subtotal	6794. ⁵⁰
			loss 308 discount	2038. ³⁵
			Subtotal	4756. ¹⁵
			SALES TAX	225. ¹²
			ESTIMATED TOTAL	4981. ²⁷

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.



REMIT TO

QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute, KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice

Invoice#

810410

Invoice Date: 06/06/17

Terms: Net 30

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VAL ENERGY

125 N. Market, Ste. 1110
 WICHITA KS 67202
 USA
 316-263-6688

JOHNSON 1-31

Tax: 270.49

Total: 5,093.67



PRESSURE PUMPING

Box 604, Chanute, KS 66720
620-431-9210 or 800-467-8676

8267
8167

WELL NUMBER 51794
LOCATION Oakley, KS
FOREMAN Jerry Y
Walt Dinkel
KS

FIELD TICKET & TREATMENT REPORT
CEMENT INVOICE # 810410

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-5-17	8576	Johnson 1-31	31	7S	35W	Thomas
CUSTOMER <u>Val Energy</u>			Levant W to 9 N to 5 W to 7 1/4 N E into			
MAILING ADDRESS <u>125 N. Market, Ste. 1110</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Wichita</u> STATE <u>KS</u> ZIP CODE <u>67202</u>			<u>731</u>	<u>Cory D</u>		
			<u>566</u>	<u>Walt D</u>		
			<u>639</u>			

JOB TYPE Surface HOLE SIZE 13 1/4 HOLE DEPTH 300 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 300 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL 1.24 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 17 1/2 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on W/L 2 break circulation with rig force
mix 210 SKS surface blend II wash up & displace with 17 1/2 bbl fresh water
& shut in circulated approx 360' pit

cement did
circulate

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>CE0471</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1150.00</u>	<u>1150.00</u>
<u>CE0002</u>	<u>.35</u>	<u>MILEAGE</u>	<u>7.15</u>	<u>250.25</u>
<u>CE0711</u>	<u>9.87</u>	<u>ton mileage delivery (min)</u>	<u>660.00</u>	<u>660.00</u>
<u>CC5871</u>	<u>210 SKS</u>	<u>surface blend II (com 32 cc 28 gal)</u>	<u>23.00</u>	<u>4830.00</u>
			<u>Subtotal</u>	<u>6890.25</u>
			<u>-30%</u>	<u>2067.08</u>
			<u>Subtotal</u>	<u>4823.17</u>
			SALES TAX	<u>270.49</u>
			ESTIMATED TOTAL	<u>\$ 5093.67</u>

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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.