

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

KANSAS CORPORATION COMMISSION 1369507
 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



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# 810921

Invoice Date: 08/08/17 Terms: Net 30 Page 1

VAL ENERGY
 125 N. Market, Ste. 1110 Eicher 1-8
 WICHITA KS 67202
 USA
 316-263-6688

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0451	Cement Pump Charge 1501' - 3000'	1.000	1,900.0000	30.000	1,330.00
CE0002	Equipment Mileage Charge - Heavy Equipment	40.000	7.1500	30.000	200.20
CE0710	Cement Delivery Charge	412.800	1.7500	30.000	505.68
CC5829	Lite-Weight Blend V (60:40:4)	240.000	16.0000	30.000	2,688.00
CC6075	Celloflake	60.000	3.0000	30.000	126.00
CP8228	8 5/8" Wooden Plug	1.000	165.0000	30.000	115.50

Subtotal 7,093.40
 Discounted Amount 2,128.02
 SubTotal After Discount 4,965.38

Amount Due 7,428.20 If paid after 09/07/17

Tax: 234.36
 Total: 5,199.74



8730/8625

TICKET NUMBER 53575
LOCATION Oakley KS
FOREMAN Jerri

620-431-9210 or 800-467-8676

WELL TICKET & TREATMENT REPORT
CEMENT

Invoice # 810921 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
8-5-07	8576	Eicher 1-8	8	8S	36W	Thomas	
CUSTOMER <u>Val Energy</u>		Brewster <u>Ken</u> <u>E into</u>		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>125 N. Market St. 110</u>				<u>731</u>	<u>Cory D</u>		
CITY <u>Wichita</u>		STATE <u>KS</u>	ZIP CODE <u>67202</u>	<u>479</u>	<u>Walt O</u>		

JOB TYPE Plug HOLE SIZE 7 7/8 HOLE DEPTH 4982 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 6.42 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and rig up on well 2 plug as ordered with 240 sks
60/40 4 1/2 gal 1/4" flossal
50 sks @ 2900'
100 sks @ 2000'
50 sks @ 300'
10 sks @ 40' with 8 5/8 wooden plug
30 sks RH

Thank you
Jerri

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900.00	1900.00
CE0007	40	MILEAGE	7.15	286.00
CE0710	10.32	ten mileage delivery	1.75	722.40
CC5829	<u>240 sks</u>	<u>1 1/2 bleed IV</u>	<u>16.00</u>	<u>3840.00</u>
CC1075	<u>60 #</u>	<u>flossal</u>	<u>3.00</u>	<u>180.00</u>
CP8228	1	8 5/8 wooden plug	165.00	165.00
			Subtotal	7093.40
			-30%	2128.08
			Subtotal	4965.32
			SALES TAX	234.36
			ESTIMATED TOTAL	\$5199.74

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# 810853

Invoice Date: 07/31/17

Terms: Net 30

Page 1

VAL ENERGY

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

EICHER 1-8

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0471	Cement Pump Charge 301' - 500' (Coalbed/Methane)	1.000	1,150.0000	30.000	805.00
CE0002	Equipment Mileage Charge - Heavy Equipment	40.000	7.1500	30.000	200.20
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	30.000	462.00
CC5871	Surface Blend II, 2% Gel/3% CaCl	195.000	23.0000	30.000	3,139.50

Subtotal 6,581.00

Discounted Amount 1,974.30

SubTotal After Discount 4,606.70

Amount Due 6,939.80 If paid after 08/30/17

Tax: 251.16

Total: 4,857.86



8687
8580

TICKET NUMBER 53585
LOCATION Ogden, UT
FOREMAN Milos Vrac

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

WELDED TICKET & TREATMENT REPORT
CEMENT

Invoice # 80853 US

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
7-26-17	8576	Eicher 1-8	8	8S	36W	Thomas																
CUSTOMER Val Energy MAILING ADDRESS 125 N. Market, Ste. 1110 CITY Wichita STATE KS ZIP CODE 67202			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>753</td> <td>Travis W</td> <td></td> <td></td> </tr> <tr> <td>400</td> <td>Stevenson</td> <td></td> <td></td> </tr> <tr> <td>703</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	753	Travis W			400	Stevenson			703			
TRUCK #	DRIVER	TRUCK #	DRIVER																			
753	Travis W																					
400	Stevenson																					
703																						

JOB TYPE Surface HOLE SIZE 12.25" HOLE DEPTH 240 CASING SIZE & WEIGHT 8 5/8 23#
 CASING DEPTH 260 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20
 DISPLACEMENT 15 1/4 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and Log on W drilling Res #2 Circulate casing Mix
195 ss Surface blend II class Cement 38 calcium 2 1/2 gal displac 15 1/4 bbls water
Shut in Cement did Circulate Collar only

Thomas Milos Vrac

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0471	1	PUMP CHARGE	1152.00	1152.00
CE0007	40	MILEAGE	7.15	286.00
CE0711	9.17	Ton mileage delivery	66.00	660.00
CC5871	195.5	Surface blend II	23.00	4485.00
			Subtotal	6583.00
			less 30% discount	1974.30
			Subtotal	4608.70
			SALES TAX	251.16
			ESTIMATED TOTAL	4857.86

Ravin 3737

AUTHORIZATION _____ TITLE D. H. D. S. 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.