

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

KANSAS CORPORATION COMMISSION 1373499
 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 #
11/14/2017	1957

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

P.O. No.	Terms	Lease Name
		Smith/Markam #1-7

Description	Qty	Rate	Amount
Rig Time	19	180.00	3,420.00T
Floor Rental	1	250.00	250.00T
Cement	2	12.00	24.00T
Rip Casing	1	500.00	500.00T
Welding	2	75.00	150.00T
Water Truck	6	90.00	540.00T
Phone Calls	1	20.00	20.00T
Clerical	1	25.00	25.00T
Wiping Rubber	1	20.00	20.00T
Fresh Water	2	30.00	60.00T
Smith/Markam #1-7 Barber Co.			
11/9/17: Drove to location, raised pole, blew gas off well, set bridge plug at 4490', dug cellar and pit, unpacked casing head, set floor, pulled slips, cut well head off 4' below ground, drove home.			
11/10/17: Drove to location, loaded casing with water, bailed 2 sacks cement on plug, ripped casing at 3800', came free, pulled casing to 600', pumped 10 sacks gel, 50 sacks cement, pulled casing to 280', pumped 50 sacks cement, pulled casing to 40', pumped 25 sacks cement, tore down floor and rig, topped well off with 10 sacks cement.			

Thank You for your business & Happy Holidays!	Subtotal	\$5,009.00
	Sales Tax (7.5%)	\$375.68
	Total	\$5,384.68

QUALITY WELL SERVICE, INC.

6752

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	11-10-17	Sec.	7	Twp.	34	Range	10	County	Barber	State	KS	On Location		Finish	500
Lease	Well No.		17		Location										
Contractor	To Quality Well Service, Inc.								Owner						
Type Job	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.														
Csg.	Depth		Charge To 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 13550 60140 40 gal												
EQUIPMENT															
Pumptrk	No.		Common 85												
Bulktrk	No.		Poz. Mix 50												
Bulktrk	No.		Gel. 15												
Pickup	No.		Calcium 1												
JOB SERVICES & REMARKS															
Rat Hole	Hulls														
Mouse Hole	Salt														
Centralizers	Flowseal														
Baskets	Kol-Seal														
D/V or Port Collar	Mud CLR 48														
1 st Pumped 1000 gal 5000 60/40	CFL-117 or CD110 CAF 38														
106 gal 5000	Sand														
	Handling 151														
	Mileage 50														
2 nd Pumped 5000 60/40 40 gal	FLOAT EQUIPMENT														
20 2000	Guide Shoe														
	Centralizer														
3 rd Pumped 2500 60/40 40 gal	Baskets														
20 400 to surface	AFU Inserts														
	Float Shoe														
4 th Topped off with 1000 gal	Latch Down														
400 gal	LMV 30														
	Service Supervisor														
	Pumptrk Charge 1701														
	Mileage 50 x 2														
	Tax														
	Discount														
X Signature	Total Charge														

Quality Well Service, Inc.

PO Box 468
Pratt, KS 67124

Invoice

Date	Invoice #
11/14/2017	C-1673

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

P.O. No.	Terms	Lease Name
		Smith/Markam #1-7

Description	Qty	Rate	Amount
Common	85	15.50	1,317.50T
Poz	50	9.50	475.00T
Gel	15	22.00	330.00T
Calcium	1	60.00	60.00T
Plug	1	950.00	950.00T
Handling	151	2.10	317.10T
.08 * sacks * miles	7,550	0.08	604.00T
Service Supervisor	1	150.00	150.00T
LMV	50	3.75	187.50T
Heavy Equipment Mileage	100	8.00	800.00T
Customer Discount		-1,816.88	-1,816.88
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Smith/Markam #1-7 Barber Co.			

Thank You for your business & Happy Holidays!	Subtotal	\$3,374.22
	Sales Tax (7.5%)	\$253.07
	Total	\$3,627.29