

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

KANSAS CORPORATION COMMISSION
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.

(Print Name) Employee of Operator or Operator on above-described well,

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 #
7/30/2018	C-1806

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

P.O. No.	Terms	Lease Name
		Stan Michel #5-16

Description	Qty	Rate	Amount
Common	69	15.50	1,069.50T
Poz	46	9.50	437.00T
Gel	14	22.00	308.00T
Plug	1	950.00	950.00T
Handling	129	2.10	270.90T
.08 * sacks * miles	3,750	0.08	300.00T
Service Supervisor	1	150.00	150.00T
LMV	20	3.75	75.00T
Heavy Equipment Mileage	40	8.00	320.00T
Customer Discount		-1,164.12	-1,164.12
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Stan Michel #5-16 Barber Co.			

Thank You for your business!	Subtotal	\$2,716.28
	Sales Tax (7.5%)	\$203.72
	Total	\$2,920.00

QUALITY WELL SERVICE, INC.

6890

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	Sec.	Twp.	Range	County	State	On Location	Finish			
7-26-13	16	3AS	11W	BARBER	Ks					
Lease	STAN MICHELL		Well No.	5-16				Location	MEALodge S Scott Canyon Rd E to	
Contractor	VAL ENERGY			Owner				Northstar 1/2 S E+S into		
Type Job	PTA			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	7 7/8			T.D.						
Csg.	5 1/2			Depth				CISB 4540'		
Tbg. Size				Depth				Charge To		
Tool				Depth				VAL ENERGY INC.		
Cement Left in Csg.				Shoe Joint				Street		
Meas Line				Displace				City		
EQUIPMENT				The above was done to satisfaction and supervision of owner agent or contractor.				State		
Pumptrk	3			No.				Cement Amount Ordered		
Bulktrk	D			No.				120 SK 60/40 4 1/2 GEL		
Bulktrk				No.				10 SK GEL 91 S100 USED 115 SK		
Pickup				No.						
JOB SERVICES & REMARKS				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						
CISB 4540' 2 SK CMT 291' 8 5/8				Sand						
1st Plug 600' 10 SK GEL 50 SK 60/40 4 1/2 GEL				Handling				129		
MIG 10 SK GEL 50 SK 60/40 4 1/2 GEL				Mileage				20		
DISP H2O				GUIDE SHOE				FLOAT EQUIPMENT		
2nd Plug 250' 40 SK 60/40 4 1/2 GEL				Centralizer						
MIG 40 SK 60/40 4 1/2 GEL				Baskets						
DISP H2O				AFU Inserts						
3rd Plug 40'				Float Shoe						
25 SK 60/40 4 1/2 GEL				Latch Down						
CIRC CMT TO P.T				SERVICE SUPERVISOR						
Thank you				LMV 20						
PLEASE CALL AGAIN				Pumptrk Charge				PTA		
Tommy IS Mike				Mileage				40		
Signature				Tax						
				Discount						
				Total Charge						