

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.
 _____ 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 #
7/30/2018	C-1804

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

P.O. No.	Terms	Lease Name
		Diel & Company #4-21

Description	Qty	Rate	Amount
Common	72	15.50	1,116.00T
Poz	48	9.50	456.00T
Gel	14	22.00	308.00T
Plug	1	950.00	950.00T
Handling	134	2.10	281.40T
.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		-1,186.92	-1,186.92
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Diel & Company #4-21 Barber Co.			

Thank You for your business!	Subtotal	\$2,769.48
	Sales Tax (7.5%)	\$207.71
	Total	\$2,977.19

QUALITY WELL SERVICE, INC.

6887

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
7-24-13	22	34S	11W	Baebec	Ks		
Lease DIEL & Company		Well No. 4-21		Location MEADLODGE S to GEORGE BLK TOP E to			
Contractor VAL ENERGY				Owner Bethel Rd S to Angus Rd W into			
Type Job PTA				To Quality Well Service, Inc.			
Hole Size 7 7/8				You are hereby requested to rent cementing equipment and furnish			
Csg. 5 1/2				cement and helper to assist owner or contractor to do work as listed.			
Tbg. Size				Charge To VAL ENERGY INC			
Tool				Street			
Cement Left in Csg.				City			
Meas Line				State			
EQUIPMENT				The above was done to satisfaction and supervision of owner agent or contractor.			
Pumptrk 3 No. TJ				Cement Amount Ordered 170 sz 60/90 4% GEL			
Bulktrk 9 No. MIKE				10 sz GEL on site			
Bulktrk No.				Common 72			
Pickup No.				Poz. Mix 48			
JOB SERVICES & REMARKS				Gel. 14			
Rat Hole				Calcium			
Mouse Hole				Hulls			
Centralizers				Salt			
Baskets				Flowseal			
D/V or Port Collar				Kol-Seal			
1st Plug 590'				Mud CLR 48			
10 sz GEL 50 sz CNT 60/90 4% GEL				CFL-117 or CD110 CAF 38			
Disp H2O				Sand			
2nd Plug 255'				Handling 139			
40 sz CNT 60/90 4% GEL				Mileage 20			
Disp H2O				FLOAT EQUIPMENT			
3rd Plug 40'				Guide Shoe			
30 sz 60/90 4% GEL				Centralizer			
Circ CNT TO P.T				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				SERVICE SUPERVISOR			
				LMV 20			
				Pumptrk Charge PTA			
				Mileage 40			
Thank you				Tax			
PLEASE CALL AGAIN				Discount			
JOHN TJ MIKE				Total Charge			
Signature: [Signature]							