

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.

Invoice

**PO Box 468
Pratt, KS 67124**

Date	Invoice #
8/20/2018	C-1818

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

P.O. No.	Terms	Lease Name
		Central Maddie Trust #1-10

Description	Qty	Rate	Amount
Common	75	15.50	1,162.50T
Poz .	50	9.50	475.00T
Gel	14	22.00	308.00T
Plug	1	950.00	950.00T
Handling	139	2.10	291.90T
.08 * sacks * miles	4,170	0.08	333.60T
Service Supervisor	1	150.00	150.00T
LMV	30	3.75	112.50T
Heavy Equipment Mileage	60	8.00	480.00T
Customer Discount		-1,279.05	-1,279.05
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Central Maddie Trust #1-10 Barber Co.			

Thank You for your business!	Subtotal	\$2,984.45
	Sales Tax (7.5%)	\$223.83
	Total	\$3,208.28

QUALITY WELL SERVICE, INC.

6906

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	8-16-18	Sec.	10	Twp.	31	Range	13	County	Butler	State	KS	On Location	Finish
Lease	Central property		Well No.	H10		Location							
Contractor	Val			Owner				To Quality Well Service, Inc.					
Type Job	PTA			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.	5.5			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 125 sv 60/40 42 64					
EQUIPMENT												10 sv Gel on side	
Pumptrk	6	No.						Common 75					
Bulktrk	9	No.						Poz. Mix 50					
Bulktrk		No.						Gel. 14					
Pickup		No.						Calcium					
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	
1st Pumped 10sv Gel 50sv 60/40												Sand	
42 Gel to 630												Handling 139	
												Mileage 30	
2nd Pumped 50sv 60/40 42 Gel												FLOAT EQUIPMENT	
to 250												Guide Shoe	
												Centralizer	
3rd Pumped 25 sv 60/40 42 Gel												Baskets	
to 40' to surface												AFU Inserts	
												Float Shoe	
												Latch Down	
												LMV 30	
												Service supervision	
												Pumptrk Charge PTA	
												Mileage 60	
												Tax	
												Discount	
X Signature												Total Charge	