

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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

Form	CP4 - Well Plugging Record
Operator	Val Energy, Inc.
Well Name	STAN MICHEL 4-16
Doc ID	1423326

Producing Formations

Formation	Top	Bottom	Total Depth
MISS	4654	4662	4798
MISS	4670	4676	
MISS	4684	4690	
MISS	4698	4707	

Quality Well Service, Inc.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
9/20/2018	C-1845

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

P.O. No.	Terms	Lease Name
		Stan Michel #4-16

Description	Qty	Rate	Amount
Common	78	15.50	1,209.00T
Poz	52	9.50	494.00T
Gel	15	22.00	330.00T
Plug	1	950.00	950.00T
Handling	165	2.10	346.50T
.08 * sacks * miles	3,750	0.08	300.00T
Service Supervisor	1	150.00	150.00T
Heavy Equipment Mileage	40	8.00	320.00T
Customer Discount		-1,229.85	-1,229.85
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Stan Michel #4-16 Barber Co.			

Thank You for your business!	Subtotal	\$2,869.65
	Sales Tax (7.5%)	\$215.22
	Total	\$3,084.87

QUALITY WELL SERVICE, INC.

6928

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
9-19-13	16	34S	11W	BARBEE	Ks		
Lease STAN MICHELL	Well No. 4-16	Location MEOLIDGE S to SCOTT CANYON Rd					
Contractor VAL				Owner Z E 1/2 S E into			
Type Job PTA	To Quality Well Service, Inc.						
Hole Size 7 7/8	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.						
Csg. 5 1/2	T.D.	Depth 4600' CISP	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 150 sc 60/40 4% GEL					
EQUIPMENT		12 sc GEL USCO 10 sc 130 sc 60/40 4% GEL					
Pumptrk 8 No. 75	Common 78						
Bulktrk 10 No. 1000	Poz. Mix 52						
Bulktrk No.	Gel. 15						
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 Plug 750' 10 sc GEL 50 sc 60/40 4% GEL	Sand						
mic: Pump 10 sc GEL	Handling 165						
mic: Pump 50 sc 60/40 4% GEL	Mileage 20						
Disp H2O	FLOAT EQUIPMENT						
	Guide Shoe						
2nd Plug 200' 50 sc 60/40 4% GEL	Centralizer						
mic: Pump 50 sc 60/40 4% GEL	Baskets						
Disp H2O	AFU Inserts						
	Float Shoe						
3rd Plug 40'	Latch Down						
30 sc 60/40 4% GEL	SERVICE SUPERVISOR						
CIRL CMT TO PT	Pumptrk Charge PTA						
Thank YOU	Mileage 40						
PLEASE CALL AGAIN	Tax						
TODD TS	Discount						
Signature Jason Howard	Total Charge						

Quality Wireline Service LLC

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
9/24/2018	408

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

P.O. No.	Terms	Lease Name
		Stan Michel #4-16

Description	Qty	Rate	Amount
5 1/2" Bridge Plug	1	900.00	900.00T
Setting Charge @ 4600'	1	1,500.00	1,500.00T
Casing Cutter @ 3744'	1	2,100.00	2,100.00T
Casing Cutter @ 3552'	1	2,100.00	2,100.00T
Dump Bailer Cement Run	1	1,000.00	1,000.00T
Truck Charge	1	1,500.00	1,500.00T
Customer Discount		-5,950.00	-5,950.00
Discount expires after 30 days from the date of the invoice.		0.00	0.00
Stan Michel #4-16 Barber Co.			

Thank you for your business.	Subtotal	\$3,150.00
	Sales Tax (7.5%)	\$236.25
	Total	\$3,386.25