

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 #
10/2/2018	C-1852

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

P.O. No.	Terms	Lease Name
		Stan Michel #1-16

Description	Qty	Rate	Amount
Common	90	15.50	1,395.00T
Poz	60	9.50	570.00T
Gel	15	22.00	330.00T
Calcium	2	60.00	120.00T
Plug	1	950.00	950.00T
Plug 2nd well same day	1	400.00	400.00T
Handling	267	2.10	560.70T
.08 * sacks * miles	4,200	0.08	336.00T
Service Supervisor	1	150.00	150.00T
LMV	20	3.75	75.00T
Heavy Equipment Mileage	80	8.00	640.00T
Customer Discount		-1,658.01	-1,658.01
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Stan Michel #1-16 Barber Co.			

Thank You for your business!	Subtotal	\$3,868.69
	Sales Tax (7.5%)	\$290.15
	Total	\$4,158.84

QUALITY WELL SERVICE, INC.

6937

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			
9-27-13	16	34S	11W	Barber	Ks					
Lease	STAN M. chaco		Well No.	1-16				Location	MEALORIDGE KS S to SCOTT CANYON Rd	
Contractor	VAL OZLG			Owner	Z E 1/2 S E N 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	CSPD 4505'						
Tbg. Size	2 7/8		Depth	250'						
Tool			Depth							
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 150sx 60/40 4 1/2 FEL - USE 505'						
EQUIPMENT				105x FEL on side 0202 1005x 60/40 4 1/2 FEL						
Pumptrk	8		No.	TODD						
Bulktrk	10		No.	TJ						
Bulktrk			No.							
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						
1st Plug d 600'				105x FEL 505x 60/40 4 1/2 FEL						
Mix: Pump 105x FEL				Handling 267						
Mix: Pump 505x 60/40 4 1/2 FEL				Mileage 20						
Disp H2O Dient size Pull casing out of Hole TMC CAT 401 9-28-18 2 7/8 250'				FLOAT EQUIPMENT						
2nd Plug d 250'				505x 60/40 4 1/2 FEL						
Mix: Pump 505x 60/40 4 1/2 FEL w/cc				Guide Shoe						
Disp H2O				Centralizer						
3rd Plug d 40'				Baskets						
Mix: Pump 25 5x 60/40 4 1/2 FEL w/cc				AFU Inserts						
size CAT TO P+ FEL 3 SEC WOL 1 HC				Float Shoe						
TOP OFF 25x 60/40 4 1/2 FEL w/cc				Latch Down						
Thank you Please Call AGAIN				LMV 20						
TODD TJ				SERVICE SUPERVISOR						
Signature Jacob G. [unclear]				Pumptrk Charge PTA / Plug 2						
				Mileage 48 30						
				Tax						
				Discount						
				Total Charge						