

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 #
11/16/2018	C-1891

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

P.O. No.	Terms	Lease Name
		Brent/Diel #3

Description	Qty	Rate	Amount
Common	75	15.50	1,162.50T
Poz	50	9.50	475.00T
Gel	14	22.00	308.00T
Calcium	2	60.00	120.00T
Plug	1	950.00	950.00T
Handling	141	2.10	296.10T
.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		-1,246.98	-1,246.98
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Brent/Diel #3 Barber Co.			

Thank You for your business!	Subtotal	\$2,909.62
	Sales Tax (7.5%)	\$218.22
	Total	\$3,127.84

QUALITY WELL SERVICE, INC.

6979

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	11-14-18	Sec.	29	Twp.	34	Range	11	County	barber	State	KS	On Location	Finish
Lease	Brent/Diel		Well No.		3		Location						
Contractor	Val						Owner						
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							T.D.						
Csg.	5.5						Depth						
Tbg. Size							Depth						
Tool							Depth						
Cement Left in Csg.							Shoe Joint						
Meas Line							Displace						
EQUIPMENT							Cement Amount Ordered 1255 60/40 46 gel						
							10 Gel on side						
Pumptrk	6	No.					Common 75						
Bulktrk	10	No.					Poz. Mix 50						
Bulktrk		No.					Gel. 14						
Pickup		No.					Calcium 2						
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 10sx Gel 50sx 60/40							Sand						
4% Gel 3% cc @ 620'							Handling 141						
							Mileage 40.20						
2nd Pumped 50sx 60/40 4% gel							FLOAT EQUIPMENT						
3% cc @ 290'							Guide Shoe						
							Centralizer						
3rd Pumped 25sx 60/40 4% gel							Baskets						
@ 40' to surface.							AFU Inserts						
							Float Shoe						
							Latch Down						
							LMV 50.20						
							Service Supervisor						
							Pumptrk Charge PTA						
							Mileage 40.40						
							Tax						
							Discount						
							Total Charge						
X Signature													