

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



REMIT TO
 QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE
 P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 814350

Invoice Date: 10/16/18 Terms: Net 30 Page 1

VAL ENERGY
 125 N. Market, Ste. 1110
 WICHITA KS 67202
 USA
 316-263-6688

BELLAMY FARMS 1-9

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	25.000	1,125.00
CE0002	Equipment Mileage Charge - Heavy Equipment	30.000	7.1500	25.000	160.88
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	25.000	495.00
CC5829	Lite-Weight Blend V (60:40:4)	240.000	16.0000	25.000	2,880.00
CC6075	Celloflake	60.000	3.0000	25.000	135.00
CP8228	8 5/8" Wooden Plug	1.000	165.0000	25.000	123.75
Subtotal					6,559.50
Discounted Amount					1,639.88
SubTotal After Discount					4,919.62

Amount Due 6,894.30 If paid after 11/15/18

Tax: 251.10
 Total: 5,170.73



11810

TICKET NUMBER 55881

LOCATION Oakley, KS

FOREMAN Walt Dinkel

Invoice #814350

PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
10-8-18	8576	Bellamy Farms 1-9	9	8 ^s	35 ^w	Thomas	
CUSTOMER <u>Val Energy</u>			Leant				
MAILING ADDRESS <u>125 N. Market, Ste. 1110</u>			1 West S.S.				
CITY <u>Wichita</u>		STATE <u>KS</u>	ZIP CODE <u>67202</u>				
TRUCK #		DRIVER		TRUCK #		DRIVER	
731		Cory Davis					
579		Neil White					
697		Walt Dinkel					

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Safety Meeting, rig up on WW #10, Plug as ordered

50 SKS @ 2900'
100 SKS @ 1920'
50 SKS @ 350'
10 SKS @ 40' w/ Plug
30 SKS in R.A.
240 SKS @ 694 per 496 gal 1/4 #6 Seal

Thank You
Walt & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>CC0450</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1,500.00</u>	<u>1,500.00</u>
<u>CC0002</u>	<u>30</u>	<u>MILEAGE</u>	<u>7.15</u>	<u>214.50</u>
<u>CC0711</u>	<u>10.32</u>	<u>Ton Mileage Delivery</u>	<u>63.00</u>	<u>660.00</u>
<u>CC5879</u>	<u>240 SKs</u>	<u>Lite Weight Blend V</u>	<u>16.00</u>	<u>3840.00</u>
<u>CC6075</u>	<u>60 #</u>	<u>Flex Seal</u>	<u>3.00</u>	<u>180.00</u>
<u>CP8228</u>	<u>1</u>	<u>8 5/8 Wooden Plug</u>	<u>165.00</u>	<u>165.00</u>
				<u>6,559.50</u>
		<u>Loss 25%</u>		<u>1,639.88</u>
				<u>4,919.62</u>
			SALES TAX	<u>251.17</u>
			ESTIMATED TOTAL	<u>5,170.79</u>

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



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Mailing Address			579	Neil White		
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Walt & Crew

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C00002	30	MILEAGE	7.15	214.50
C00711	10.32	Ton Mileage Delivery	63.96	660.00
CC5879	240 SKS	Lite Weight Blend V	16.00	3840.00
CC6075	60 #	Flex Seal	3.00	180.00
CP8228	1	8 5/8 Wooden Plug	165.00	165.00
				6,559.50
		Loss 25%		1,639.88
				4,919.62
			SALES TAX	251.17
			ESTIMATED TOTAL	5,170.73

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