

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.

**PO Box 468
Pratt, KS 67124**

Invoice

Date	Invoice #
4/10/2019	C-2005

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

P.O. No.	Terms	Lease Name
		Berniece Spicer #1-33

Description	Qty	Rate	Amount
Common	81	15.50	1,255.50T
Poz	44	9.50	418.00T
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	25	3.75	93.75T
Heavy Equipment Mileage	50	8.00	400.00T
Customer Discount		-1,201.57	-1,201.57
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Berniece Spicer #1-33 Barber Co.			
Thank You for your business!		Subtotal	\$3,089.78

Sales Tax (7.5%)	\$231.73
Total	\$3,321.51

QUALITY WELL SERVICE, INC.

7097

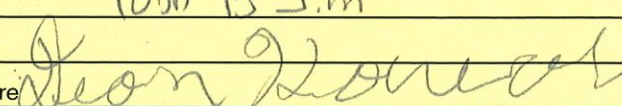
Federal Tax I.D. # 481187368

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	4-8-19	Sec.	33	Twp.	33S	Range	10W	County	Barber	State	Ks	On Location		Finish	
Lease	BERNIEE SPIGEL			Well No.	1-33			Location	SHARON KS Blue Stem Rd 8 S						
Contractor	CO TOOLS							Owner	E. HO						
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	CIRPO 4550			Charge To	VAL ENERGY INC						
Tbg. Size				Depth											
Tool				Depth											
Cement Left in Csg.				Shoe Joint											
Meas Line				Displace	Cement Amount Ordered 130 SK 60/40 4% FEL										
EQUIPMENT								109 FEL OUTSIDE USED 10 SK							
Pumptrk	8	No.	TS			Common	86 SK								
Bulktrk	10	No.				Poz. Mix	44 SK								
Bulktrk		No.				Gel.	14 SK								
Pickup		No.				Calcium	2 SK								
JOB SERVICES & REMARKS								Hulls							
Rat Hole								Salt							
Mouse Hole								Flowseal							
Centralizers								Kol-Seal							
Baskets								Mud CLR 48							
D/V or Port Collar CIRPO 4550								CFL-117 or CD110 CAF 38							
1st Plug 600' 10 SK FEL 50 SK 60/40 4% FEL								Sand							
MIX: Pump 10 SK FEL								Handling 140							
MIX: Pump 50 SK 60/40 4% FEL								Mileage 25							
DISP H2O								FLOAT EQUIPMENT							
2nd Plug 280' 40 SK 60/40 4% FEL								Guide Shoe							
MIX: Pump 40 SK 60/40 4% FEL								Centralizer							
DISP H2O								Baskets							
3rd Plug 40'								AFU Inserts							
MIX: Pump 20 SK 60/40 4% FEL								Float Shoe							
CIRC CUT TO P.R								Latch Down							
topped off w/ 15 sks								SERVICE Sp.							
								LMV 25							
Thank you								Pumptrk Charge PTA							
PLEASE CALL DEAN								Mileage 50							
TODD TS J.m															
															
X Signature								Tax							
								Discount							
								Total Charge							