

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 #
4/9/2019	C-2002

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

P.O. No.	Terms	Lease Name
		Hill Trust #5-20

Description	Qty	Rate	Amount
Common	78	15.50	1,209.00T
Poz	52	9.50	494.00T
Gel	14	22.00	308.00T
Calcium	2	60.00	120.00T
Plug	1	950.00	950.00T
Handling	146	2.10	306.60T
.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		-1,212.77	-1,212.77
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Hill Trust #5-20 Barber Co.			

Thank You for your business!	Subtotal	\$3,118.58
	Sales Tax (7.5%)	\$233.89
	Total	\$3,352.47

QUALITY WELL SERVICE, INC.

7095

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	4-5-19	Sec.	20	Twp.	34S	Range	11W	County	Barber	State	Ks	On Location		Finish					
Lease	Hill Trust	Well No.	5-20		Location Mesa Lodge, 1/2 S on Hwy 281 40 N of Co. p. 5500														
Contractor	CO-TOOLS				Owner E 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		CIBP 4600'										Charge To	VAL ENERGY TOL			
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 120 5/8 60/40 4 1/2 GEL														
EQUIPMENT												105 GEL on side USED 1155							
Pumptrk	B	No.	TS		Common 695K + 9 = 70														
Bulktrk	D	No.	JAKE		Poz. Mix 465K + 6 = 52														
Bulktrk		No.			Gel. 145K														
Pickup		No.			Calcium 25K														
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 600' 105 GEL 505 60/40 4 1/2 GEL												Sand							
Mix Pump 105 GEL												Handling 13T 146							
Mix Pump 505 60/40 4 1/2 GEL												Mileage 25							
Disp H2O												FLOAT EQUIPMENT							
2nd Plug 240' 405 60/40 4 1/2 GEL												Guide Shoe							
Mix Pump 405 60/40 4 1/2 GEL												Centralizer							
Disp H2O												Baskets							
3rd Plug 40'												AFU Inserts							
Mix Pump 255 60/40 4 1/2 GEL												Float Shoe							
Circ conn TO Pit												Latch Down							
TOP OFF 155 4-8-19												Service Sp.							
Thank you												LMV 25							
PLEASE CALL AGAIN												Pumptrk Charge PTA							
JUDY TS JAKE												Mileage 50							
J. R. R. R. R. R.												Tax							
Signature												Discount							
												Total Charge							