

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 #
4/9/2019	C-2001

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

P.O. No.	Terms	Lease Name
		Hill Trust #4-20

Description	Qty	Rate	Amount
Common	78	15.50	1,209.00T
Poz	52	9.50	494.00T
Gel	15	22.00	330.00T
Calcium	2	60.00	120.00T
Plug	1	950.00	950.00T
Handling	147	2.10	308.70T
.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		-1,219.52	-1,219.52
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Hill Trust #4-20 Barber Co.			

Thank You for your business!	Subtotal	\$3,135.93
	Sales Tax (7.5%)	\$235.19
	Total	\$3,371.12

QUALITY WELL SERVICE, INC.

7094

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
4-3-19	20	34S	11W	Barber	KI		
Lease Hill Trust	Well No. 4-20	Location Meo Lodge, KI Son Hwy 281 just W of					
Contractor Co-TOOLS				Owner Compressor Station 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 7/8	T.D.	Charge To VAL ENERGY INC					
Csg. 5/8	Depth CIBP 4620'	Street					
Tbg. Size	Depth	City					
Tool	Depth	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 60/40 4 1/2 EL					
EQUIPMENT				105x FEL on side used 110 SC			
Pumptrk 0 No.		Common 160x + 12 = 70					
Bulktrk 10 No.		Poz. Mix 44 SX + 8 = 52					
Bulktrk No.		Gel. 19 SX + 1 = 15					
Pickup No.		Calcium 2x					
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 60' 125x FEL 50x 60/40 4 1/2 EL				Sand			
Mix 1 Pump 105x GEL				Handling 126 + 19 = 145			
Mix 2 Pump 50x 60/40 4 1/2 EL				Mileage 25			
Disp H2O				FLOAT EQUIPMENT			
2nd Plug 240' 40x 60/40 4 1/2 EL				Guide Shoe			
Mix 1 Pump 40x 60/40 4 1/2 EL				Centralizer			
Disp H2O				Baskets			
3rd Plug 40'				AFU Inserts			
20 5x 60/40 4 1/2 EL				Float Shoe			
Circ CMT TD Pt				Latch Down			
4-5-19 TOPOFF 20 5x 60/40 4 1/2 EL				SERVICE Spl.			
Thank you				LMV 25			
Please Call 866 111				Pumptrk Charge PTA			
1000 TS-Jake				Mileage 50			
Dean Henry				Tax			
				Discount			
X Signature				Total Charge			