KOLAR Document ID: 1463540

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 #:			,	API No.	15		
Name:				Spot De	scription:		
Address 1:			.		Sec Tw	p S. R East West	
Address 2:					Feet from		
City:	State:	Zip: +	.		Feet from	East / West Line of Section	
Contact Person:				Footage	s Calculated from Neares	st Outside Section Corner:	
Phone: ()					NE NW	SE SW	
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		,		 	
ENHR Permit #:	Gas Sto	rage Permit #:					
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)	
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)	
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:		
Depth to	Top: Botto	m: T.D		00 0			
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.		
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water	Records	Casing R		Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If	
Plugging Contractor License #	:		Name:				
Address 1:			Address 2:	:			
City:			;	State:		Zip:+	
Phone: ()							
Name of Party Responsible fo	r Plugging Fees:						
State of	County, _			, ss.			
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed	
	(Print Name)			E	imployee of Operator or	Operator on above-described well,	

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.



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# 900879

Invoice Date: 05/24/19 Terms: Net 30 Page 1

VAL ENERGY

125 N. Market, Ste. 1110 WICHITA KS 67202 USA

316-263-6688

FRAHM UNIT 2-17

Part No	Description	Quantity	Discounted Unit Price	Discounted Total
CE0451	Cement Pump Charge 1501' - 3000'	1.000	1,425.0000	1,425.00
CE0002	Equipment Mileage Charge - Heavy Equipment	30.000	5.3625	160.88
CE0711	Minimum Cement Delivery Charge	1.000	495.0000	495.00
CC5829	Lite-Weight blend V (60:40:4)	240.000	12.0000	2,880.00
CC6075	Celloflake	60.000	2.2500	135.00
		SubTotal Af	ter Discount	5,095.88

Tax:

241.21

Total:

5,337.09

Amount Due 7,116.10 If paid after 06/23/19



40748

LOCATION Oakley Ks

DATE

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

S1229

FIELD TICKET & TREATMENT REPORT

		*	OLIVILIA				Kr	
DATE	CUSTOMER#	WELL NAME & NU	MBER	SECTION	TOWNSHIP	RANGE	COUNTY	_
5-21-19	8576	Frahm unit 2-1	7	17	85	35W	Thomas	_
CUSTOMER	111	,						
V	al Energ	y Inc		TRUCK #	DRIVER	TRUCK#	DRIVER	
MAILING ADDRE		ste. 1110		760	Kalab C.			_
Wichita	b	STATE ZIP CODE		000	Alex H.			_
	TA	HOLE SIZE	HOLE DEPTH	H	CASING SIZE & WE	EIGHT		_
CASING DEPTH		DRILL PIPE 4 1/2	TUBING			OTHER		
SLURRY WEIGH	IT	SLURRY VOL	WATER gal/s	sk	CEMENT LEFT in C	ASING		
DISPLACEMENT	<u> </u>	DISPLACEMENT PSI	MIX PSI		RATE			
REMARKS: Ja	fety mesti	ing rig up on www	o Pluce	3 order			187	
3	60/40 4	186301 MATELO	a citiza	-0.00	9		Taken veges	
1 at 2875		s 50BL chool mix co	ment 500E	H20 Belvind a	nd 2 min mud			
		Ky Displace 5BBL						
3 at 310		14 Osplace 200				ARC CO		
11 1 11-	' ' - '					- The second second		

wash up Pump + lines

From Cory + Crew

	Tran Cory + Ure, W							
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL				
CE 0451		PUMP CHARGE	1900 00	1,900 95				
CE 0002	30	MILEAGE	7 15	1 214 3				
CEOTIL	10.32	Tonnileage Oslivery min	1 15	660 00				
C5829	240sks	light weight Blend V	16 00	12 8 -10 -				
CC 6015	60=	Celloficke	3 ***	180 00				
			Subtetal	6,794 55				
		004111	25% O've	5,095,80				
	,	SCANNED	Subtotal SALES TAX	241.21				
ayin 3737	A-all	Cels. Dr	ESTIMATED TOTAL	5.337.09				

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.

TITLE