

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 #
8/12/2019	C-2110

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

P.O. No.	Terms	Lease Name
		Graves #2

Description	Qty	Rate	Amount
Common	75	15.50	1,162.50T
Poz	50	9.50	475.00T
Gel	1,430	0.22	314.60T
Calcium	100	1.20	120.00T
Plug	1	950.00	950.00T
Handling	139	2.10	291.90T
.08 * sacks * miles	6,950	0.08	556.00T
Service Supervisor	1	150.00	150.00T
LMV	50	3.75	187.50T
Heavy Equipment Mileage	100	8.00	800.00T
Customer Discount		-1,251.87	-1,251.87
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Graves #2 Barber Co.			

Thank You for your business!	Subtotal	\$3,755.63
	Sales Tax (7.5%)	\$281.67
	Total	\$4,037.30

QUALITY WELL SERVICE, INC.

7192

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.	Twsp.	Range	County	State	On Location	Finish
8-8-19	29	34S	12W	Barber	Ks		
Lease <i>GRADUES</i>	Well No. <i>HZ</i>		Location <i>HARDWELL Ks 2 1/4 N E into</i>				
Contractor <i>CO-TOOLS</i>				Owner			
Type Job <i>PTA</i>				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 <i>7 7/8</i>	T.D.						
Csg.	Depth			Charge To <i>VAL ENERGY INC</i>			
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 <i>125 sc 60/40 4 1/2 GEL</i>			
EQUIPMENT				<i>10 sc GEL 240 CC on side</i>			
Pumptrk <i>8</i> No.				Common <i>75</i>			
Bulktrk <i>7</i> No.				Poz. Mix <i>50</i>			
Bulktrk No.				Gel. <i>1430"</i>			
Pickup No.				Calcium <i>100"</i>			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar <i>CTBP @ 4710'</i>				CFL-117 or CD110 CAF 38			
<i>1st Plug 600' 10sc GEL 50sc 60/40 4 1/2 GEL</i>				Sand			
<i>Pump H2O</i>				Handling <i>139 sc</i>			
<i>Mix Pump 10sc GEL</i>				Mileage <i>50</i>			
<i>Mix Pump 50sc 60/40 4 1/2 GEL w/ 150 CC</i>				FLOAT EQUIPMENT			
<i>Disp H2O</i>				Guide Shoe			
<i>2nd Plug 300' 50sc 60/40 4 1/2 GEL</i>				Centralizer			
<i>Mix Pump 50sc 60/40 4 1/2 GEL w/ 150 CC</i>				Baskets			
<i>Disp H2O</i>				AFU Inserts			
<i>3rd Plug 40'</i>				Float Shoe			
<i>Mix Pump 25sc 60/40 4 1/2 GEL</i>				Latch Down			
<i>Circ CRT TO PIT</i>				<i>SERVICE SUP</i>			
				<i>LMV 50</i>			
Thank you! PLEASE CALL AGAIN TOO TO TAKE <i>Dean Lawler</i>				Pumptrk Charge <i>PTA</i>			
				Mileage <i>100</i>			
				Tax			
				Discount			
X Signature <i>Dean Lawler</i>				Total Charge			