

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 Wireline Services, LLC

Service Order No.
0731

30060 N. Hwy 281 • P.O. Box 468 • Pratt, Kansas 67124 • 620-388-2309 or 620-727-6964 • Fax 620-672-3663

Date 3-10-20

Company <u>Val Energy, Inc</u>			Client Order # <u>0W</u>	
Billing Address		City	State	Zip
Lease & Well # <u>Goldman Melcher 4-5</u>		Field Name		Legal Description (coordinates)
County <u>Barber</u>	State <u>Kansas</u>		Casing Size	Casing Weight
Fluid Level (surface)	Reading From		Customer T.D.	Quality Wire Line T.D.
Engineer <u>D. Ezell</u>	Operator		Operator	Unit# <u>02</u>

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	<u>5 1/2 CIBP</u>					<u>900⁰⁰</u>
	<u>Setting Charge @ 4730</u>			<u>0</u>	<u>4730</u>	<u>1,500⁰⁰</u>
	<u>2 sls Cement Dump Boiler @ 4730</u>			<u>0</u>	<u>4730</u>	<u>1,000⁰⁰</u>
	<u>5 1/2 casing cut @ 3000</u>	<u>1</u>		<u>0</u>	<u>3000</u>	<u>2,100⁰⁰</u>
	<u>5 1/2 casing cut @ 2812</u>	<u>1</u>		<u>0</u>	<u>2812</u>	<u>2,100⁰⁰</u>
	<u>Service charge</u>					<u>1,500⁰⁰</u>

SUBTOTAL	<u>9,100⁰⁰</u>
DISCOUNT	<u>6150.00</u>
SUBTOTAL	<u>2,950⁰⁰</u>
TAX	<u>221.25</u>
NET TOTAL	<u>3171.25</u>

X Dean Howard
Customer

QUALITY WELL SERVICE, INC.

7384

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

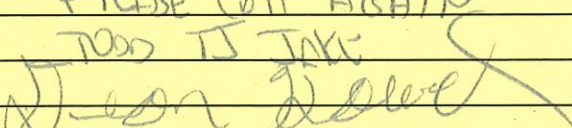
Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	3-11-20	Sec.	5	Twp.	35S	Range	11W	County	Barber	State	Ks	On Location		Finish	
Lease	Goldman Melcher			Well No.	45		Location MEA LODGE, Ks S to RATTLEWAKE RD								
Contractor	CO-TOOLS							Owner E to North Rd 1 1/2 S W into							
Type Job	PIA							To Quality Well Service, Inc.							
Hole Size	7 7/8							You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Csg.	5 1/2 14"			Depth	CIBP 4730'		Charge To VAL ENERGY INC								
Tbg. Size								Street							
Tool								City State							
Cement Left in Csg.								The above was done to satisfaction and supervision of owner agent or contractor.							
Meas Line								Cement Amount Ordered 135 x 60/40 4 1/2 GEL							
EQUIPMENT										10 x GEL ON SIDE					
Pumptrk	8	No.					Common 81								
Bulktrk	15	No.					Poz. Mix 54								
Bulktrk		No.					Gel. 1464								
Pickup		No.					Calcium								
JOB SERVICES & REMARKS										Hulls					
Rat Hole								Salt							
Mouse Hole								Flowseal							
Centralizers								Kol-Seal							
Baskets	85/3223							Mud CLR 48							
D/V or Port Collar	CIBP 4730' w/off 2312'							CFL-117 or CD110 CAF 38							
	1st P/B 6' 630' 10 x GEL 50 x 60/40 4 1/2 GEL							Sand							
	Pump H2O							Handling 150							
	Mix: Pump 10 x GEL							Mileage 2513750							
	Mix: Pump 50 x 60/40 4 1/2 GEL							FLOAT EQUIPMENT							
	Disp H2O							Guide Shoe							
	2nd P/B 6' 240'							Centralizer							
	Mix: Pump 85 x 60/40 4 1/2 GEL							Baskets							
	c/c to Pit							AFU Inserts							
	Roll c/c HOLE Stay Full							Float Shoe							
								Latch Down							
								SERVICE Spv 1 EA							
								LMV 25							
	THANK YOU							Pumptrk Charge PIA							
	PLEASE CALL AGAIN							Mileage 50							
	TOO IS TAKE														
															
X Signature															
									Tax						
									Discount						
									Total Charge						