

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 #
10/20/2020	C-2452

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

P.O. No.	Terms	Lease Name
		Graves B 1-32

Description	Qty	Rate	Amount
Common	87	15.50	1,348.50T
Poz	58	9.50	551.00T
Gel	1,500	0.22	330.00T
Calcium	100	1.20	120.00T
Plug/Pump Charge	1	950.00	950.00T
Handling	160	2.10	336.00T
.08 * sacks * miles	5,600	0.08	448.00T
LMV	35	3.75	131.25T
Service Supervisor	1	150.00	150.00T
Heavy Equipment Mileage	70	8.00	560.00T
Customer Discount		-1,723.66	-1,723.66
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Graves B 1-32 Barber Co			

Thank You for your business!	Subtotal	\$3,201.09
	Sales Tax (7.5%)	\$240.08
	Total	\$3,441.17

QUALITY WELL SERVICE, INC.

7505

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	10-30-20	Sec.	32	Twp.	34S	Range	12W	County	Barber	State	Ks	On Location		Finish		
Lease	GRAVES		Well No.	B 1-32		Location HARDNECK N to RATTLESNAKE RD										
Contractor	CO-TOOLS							Owner	1/2 E SINTO							
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	Charge To VAL ENERGY INC												
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 160 sc 60/40 4% GEL												
EQUIPMENT				10x GEL 24 CC ON SIDE USED 1454												
Pumptrk	8	No.		Common 87 sc												
Bulktrk	10	No.		Poz. Mix 53 sc												
Bulktrk		No.		Gel. 1500 #												
Pickup		No.		Calcium 100 #												
JOB SERVICES & REMARKS				Hulls												
Rat Hole	Salt															
Mouse Hole	Flowseal															
Centralizers	Kol-Seal															
Baskets	Mud CLR 48															
D/V or Port Collar	CIBPD 4740 CUT OFF 2990'															
	CFL-117 or CD110 CAF 38															
	1st Plug 2 625' 10x GEL 50 sc 60/40 4% GEL															
	Sand															
	MIS: Pump 10 sc GEL															
	Handling 160															
	MIS: Pump 50 sc 60/40 4% GEL w/ 1 sc CC															
	Mileage 35/5600															
	FLOAT EQUIPMENT															
	Disp H2O															
	Guide Shoe															
	2nd Plug 2 270' 50 sc 60/40 4% GEL															
	Centralizer															
	MIS: Pump 50 sc 60/40 4% GEL w/ 1 sc CC															
	Baskets															
	Disp H2O															
	AFU Inserts															
	3rd Plug 40'															
	Float Shoe															
	MIS: Pump 45 sc 60/40 4% GEL															
	Latch Down															
	Circ CNT TO PIT															
	Service Sp 1 EA															
	LMV 35															
	Pumptrk Charge PTA															
	Mileage 70															
	TAX															
	Discount															
	Total Charge															
X Signature	[Signature]															