

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-2451

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

P.O. No.	Terms	Lease Name
		Vogel 2-30

Description	Qty	Rate	Amount
Common	81	15.50	1,255.50T
Poz	54	9.50	513.00T
Gel	1,465	0.22	322.30T
Calcium	100	1.20	120.00T
Plug/Pump Charge	1	950.00	950.00T
Handling	150	2.10	315.00T
.08 * sacks * miles	3,750	0.08	300.00T
LMV	20	3.75	75.00T
Service Supervisor	1	150.00	150.00T
Heavy Equipment Mileage	40	8.00	320.00T
Customer Discount		-1,512.28	-1,512.28
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Vogel 2-30 Barber Co			

Thank You for your business!	Subtotal	\$2,808.52
	Sales Tax (7.5%)	\$210.64
	Total	\$3,019.16

QUALITY WELL SERVICE, INC.

7518

Federal Tax I.D. # 481187368

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

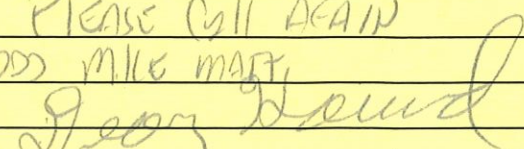
Mailing Address P.O. Box 468

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		
10-15-20	30	33S	10W	BACHEL	Ks				
Lease	Vogel		Well No.	2-30				Location	SHARON, Ks. S of Tr. CITY Rd
Contractor				CO-TOOLS				Owner	to Kochia Rd 1/4 W Niota
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	
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				165 x 60/40 4 1/2 GEL	
EQUIPMENT				109 GEL 25x CL USED 135x					
Pumptrk	B	No.		Common				Bl ss	
Bulktrk	10	No.		Poz. Mix				54x	
Bulktrk		No.		Gel.				1465	
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	CIBP d 4560 cut off 3498			CFL-117 or CD110 CAF 38					
	1st Plug d 630' 109 GEL 50x 60/40 4 1/2 GEL			Sand					
	Mik: Pump-10 x GEL			Handling				150	
	Mik: Pump 50x 60/40 4 1/2 GEL 1 x CL			Mileage				20 / 3750	
	Disp H2O			FLOAT EQUIPMENT					
	2nd Plug d 252' 50x 60/40 4 1/2 GEL			Guide Shoe					
	Mik: Pump 50x 60/40 4 1/2 GEL 1 x CL			Centralizer					
	Disp H2O			Baskets					
	3rd Plug 40'			AFU Inserts					
	Mik: Pump 35x 60/40 4 1/2 GEL			Float Shoe					
	Circ CUT TO PIT			Latch Down					
				SERVICE Srv 1 EA					
				LMV 20					
	THANK YOU			Pumptrk Charge				PTA	
	PLEASE CALL AGAIN			Mileage				40	
	TODD MIKE MART							Tax	
								Discount	
								Total Charge	