

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-2453

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

P.O. No.	Terms	Lease Name
		Vogel 1-30

Description	Qty	Rate	Amount
Common	80	15.50	1,240.00T
Poz	50	9.50	475.00T
Gel	1,500	0.22	330.00T
Plug/Pump Charge	1	950.00	950.00T
Handling	145	2.10	304.50T
.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		-1,450.58	-1,450.58
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Vogel 1-30 Barber Co			

Thank You for your business!	Subtotal	\$2,693.92
	Sales Tax (7.5%)	\$202.04
	Total	\$2,895.96

QUALITY WELL SERVICE, INC.

7530

Federal Tax I.D. # 481187368

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

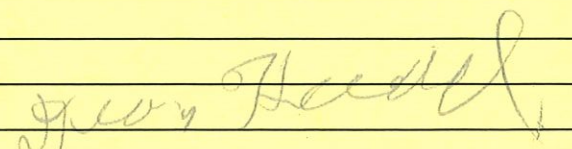
Mailing Address P.O. Box 468

Office 620-727-3410

Fax 620-672-3663

Rich's Cell 620-727-3409

Brady's Cell 620-727-6964

Date	10-19-20	Sec.	30	Twp.	33	Range	10	County	Barber	State	KS	On Location	Finish
Lease	Vogel		Well No.		1-30		Location						
Contractor	Val						Owner						
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							T.D.						
Csg.	5.5		Depth		Charge To Val								
Tbg. Size							Depth						
Tool							Street						
Cement Left in Csg.							City						
Meas Line							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 1305x 60/40 4 1/2 6el									
EQUIPMENT										105x 6el on side			
Pumptrk	No.					Common 80							
Bulktrk	No.					Poz. Mix 50							
Bulktrk	No.					Gel. 1500							
Pickup	No.					Calcium							
JOB SERVICES & REMARKS										Hulls			
Rat Hole										Salt			
Mouse Hole										Flowseal			
Centralizers										Kol-Seal			
Baskets										Mud CLR 48			
D/V or Port Collar										CFL-117 or CD110 CAF 38			
1st Pumped 105x gel 505x 60/40 4 1/2 6el @ 625'										Sand			
										Handling 145			
										Mileage 20			
2nd Pumped 505x 60/40 4 1/2 6el @ 300										FLOAT EQUIPMENT			
										Guide Shoe			
										Centralizer			
3rd Pumped 305x 60/40 4 1/2 6el @ 40 to surface										Baskets			
										AFU Inserts			
										Float Shoe			
										Latch Down			
										LMV 20			
										Service supervisor			
										Pumptrk Charge PTA			
										Mileage 40			
										Tax			
										Discount			
										Total Charge			
X Signature													