

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD

K.A.R. 82-3-117

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 #
11/5/2020	C-2466

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

P.O. No.	Terms	Lease Name
		Cathy SWD-1

Description	Qty	Rate	Amount
Common	105	15.50	1,627.50
Poz	70	9.50	665.00
Gel	1,602	0.22	352.44
Calcium	100	1.20	120.00
Plug/Pump Charge	1	950.00	950.00
Handling	191	2.10	401.10
.08 * sacks * miles	3,820	0.08	305.60
Service Supervisor	1	150.00	150.00
LMV	20	3.75	75.00
Heavy Equipment Mileage	40	8.00	320.00
Customer Discount		-1,738.33	-1,738.33
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Cathy SWD-1 Barber Co			

Thank You for your business!	Subtotal	\$3,228.31
	Sales Tax (7.5%)	\$0.00
	Total	\$3,228.31

QUALITY WELL SERVICE, INC.

7523

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
11-2-20	25	33S	11W	Barber	Ks		
Lease Cathy	Well No. SW0-1		Location Gerlane Rd / Lovetree Rd N to Waterway Rd				
Contractor CO-TOOLS				Owner W to Corus S into 2 CABLE GUARD			
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.		Charge To VAL ENERGY INC				
Csg. 5 1/2	Depth 5169'		Street				
Tbg. Size	Depth		City				
Tool	Depth		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 200 5x 60/40 4% GEL				
EQUIPMENT				10x GEL 25x CL USED 175x			
Pumptrk 8 No.			Common 105x				
Bulktrk 10 No.			Poz. Mix 70x				
Bulktrk No.			Gel. 1602				
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 5169' cut off 2500'			CFL-117 or CD110 CAF 38				
1st Plug 620' 10x GEL 50x 60/40 4% GEL			Sand				
Mix: Pump 10x GEL			Handling 191				
Mix: Pump 50x 60/40 4% GEL 1x CL			Mileage 20/3820				
DISO			FLOAT EQUIPMENT				
2nd Plug 313' 75x 60/40 4% GEL			Guide Shoe				
Mix: Pump 75x 60/40 4% GEL 1x CL			Centralizer				
DISO			Baskets				
3rd Plug 40'			AFU Inserts				
Mix: Pump 50x 60/40 4% GEL			Float Shoe				
CIL OUT TO PIT			Latch Down				
THANK YOU				SERVICE Srv. 1 EA			
PLEASE CALL AGAIN				LW 20			
TOO MKE MATT				Pumptrk Charge PTA			
Signature <i>John Howard</i>				Mileage 40			
				Tax			
				Discount			
				Total Charge			