

**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 #
5/24/2021	C-2609

<b>Bill To</b>
VAL Energy Inc. 125 N. Market, Ste. 1710 Wichita, KS 67202

P.O. No.	Terms	Lease Name
		Sam V 1-24

Description	Qty	Rate	Amount
Common	80	15.50	1,240.00T
Poz	50	9.50	475.00T
Gel	1,200	0.22	264.00T
Calcium	100	1.20	120.00T
Plug/Pump Charge	1	950.00	950.00T
Handling	144	2.10	302.40T
.08 * sacks * miles	5,040	0.08	403.20T
LMV	35	3.75	131.25T
Service Supervisor	1	150.00	150.00T
Heavy Equipment Mileage	70	8.00	560.00T
Customer Discount		-1,378.76	-1,378.76
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Sam V 1-24 Barber Co			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	<b>Subtotal</b>	\$3,217.09
	<b>Sales Tax (7.5%)</b>	\$241.28
	<b>Total</b>	\$3,458.37

# QUALITY WELL SERVICE, INC.

7676

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	5-20-21	Sec.	24	Twp.	33	Range	11	County	Perce	State	KS	On Location		Finish	
Lease	Sam V	Well No.	1-24			Location									
Contractor	Quality Well Service							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							
Tbg. Size								Depth							
Tool								Depth							
Cement Left in Csg.								Shoe Joint							
Meas Line								Displace							
EQUIPMENT										Charge To Val					
Pumptrk	3	No.	8 gal on side												
Bulktrk	10	No.	Common 80												
Bulktrk		No.	Poz. Mix 50												
Pickup		No.	Gel. 1200												
JOB SERVICES & REMARKS										Calcium 100					
Rat Hole										Hulls					
Mouse Hole										Salt					
Centralizers										Flowseal					
Baskets										Kol-Seal					
D/V or Port Collar										Mud CLR 48					
1 <sup>st</sup> Pumped 8 gal 50sx 60/40										CFL-117 or CD110 CAF 38					
4 1/2 6-1 @ 620'										Sand					
2 <sup>nd</sup> Pumped 50sx 60/40 4 1/2 6-1										Handling 144					
@ 326'										Mileage 35					
3 <sup>rd</sup> Pumped 20sx 60/40 4 1/2 6-1										FLOAT EQUIPMENT					
@ 50' to surface										Guide Shoe					
										Centralizer					
										Baskets					
										AFU Inserts					
										Float Shoe					
										Latch Down					
										LMV 35					
										Service supervisor					
										Pumptrk Charge PTA					
										Mileage 70					
										Tax					
										Discount					
										Total Charge					
X Signature															