

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 #
8/11/2021	C-2680

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

P.O. No.	Terms	Lease Name
		Deil Co #2

Description	Qty	Rate	Amount
Common	85	15.50	1,317.50T
Poz	55	9.50	522.50T
Gel	1,500	0.22	330.00T
Plug/Pump Charge	1	950.00	950.00T
Handling	155	2.10	325.50T
.08 * sacks * miles	7,750	0.08	620.00T
Service Supervisor	1	150.00	150.00T
LMV	50	3.75	187.50T
Heavy Equipment Mileage	100	8.00	800.00T
Customer Discount		-1,560.90	-1,560.90
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Deil Co #2 Barber Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	Subtotal	\$3,642.10
	Sales Tax (7.5%)	\$273.16
	Total	\$3,915.26

QUALITY WELL SERVICE, INC.

7744

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	8-5-21	Sec.	Twp.	Range	County	State	On Location	Finish
Lease	DEIK CO	Well No.	2	Location RATTLE SNAKE RD E TO RED DIRT 3/4 W INTO				
Contractor				Owner VAL ENERGY				
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 1/2	Depth		Charge To Val				
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 140.5x 60/40 4 1/2 Gal				
EQUIPMENT				105x 6el on side				
Pumptrk	No.			Common 85				
Bulktrk	No.			Poz. Mix 55				
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 PLUG @ 611' 10 BBL - 6EL 50SK				Sand				
PUMP 1.2L				Handling 155				
MIX 50SK 60/40				Mileage 50				
DISPLACE 95 BBL				FLOAT EQUIPMENT				
2nd PLUG @ 278 50SKS				Guide Shoe				
MIX 50SKS 60/40				Centralizer				
DISPLACE 1 BBL				Baskets				
3rd PLUG @ 45'				AFU Inserts				
MIXED 40SKS TO CIRCULATE				Float Shoe				
				Latch Down				
				LMV 50				
				Service Supervisor				
				Pumptrk Charge PTA				
THANK YOU MIKE				Mileage 100				
DEBRICK HORSBOW HEANOV								
X Signature				Tax				
				Discount				
				Total Charge				