

**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.

\_\_\_\_\_  
(Print Name)  Employee of Operator or  Operator on above-described well,

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 #
10/26/2021	C-2741

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

P.O. No.	Terms	Lease Name
		Brian

Description	Qty	Rate	Amount
Common	81	16.75	1,356.75T
Poz	54	9.50	513.00T
Gel	1,464	0.22	322.08T
Calcium	150	1.20	180.00T
Plug/Pump Charge	1	1,100.00	1,100.00T
Handling	153	2.10	321.30T
.08 * sacks * miles	6,885	0.08	550.80T
Service Supervisor	1	250.00	250.00T
LMV	45	3.75	168.75T
Heavy Equipment Mileage	90	8.00	720.00T
Customer Discount		-1,644.81	-1,644.81
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Brian Barber Co.			

PLEASE REMIT TO ABOVE COMPANY & ADDRESS! Thank you for your business!	<b>Subtotal</b>	\$3,837.87
	<b>Sales Tax (7.5%)</b>	\$287.84
	<b>Total</b>	\$4,125.71

# QUALITY WELL SERVICE, INC.

7797

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
10-26-21	31	33S	10W	Bachar	Ks		
Lease	BRAIN		Well No.	Location MEOLodge, Ks S to Gedlow Rd			
Contractor	CO-TOOLS			Owner F to LONGFORD LN 1/4 W S.140			
Type Job	PTA			To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cement 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	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 160 @ 60/40 4 1/2 FEL			
<b>EQUIPMENT</b>				3 @ CC on site 12 @ FEL on site USED 13 @			
Pumptrk	8	No.		Common 81 @			
Bulktrk	10	No.		Poz. Mix 59 @			
Bulktrk		No.		Gel. 1464 "			
Pickup		No.		Calcium 150 "			
<b>JOB SERVICES &amp; REMARKS</b>				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar CIBPD 4540' cut off 3300'				CFL-117 or CD110 CAF 38			
1st Plug 600'				Sand			
10 @ 60/40 4 1/2 FEL 1 @ CC				Handling 153			
Disp				Mileage 45/6805			
2nd Plug 317'				<b>FLOAT EQUIPMENT</b>			
50 @ 60/40 4 1/2 FEL 1 @ CC				Guide Shoe			
Disp				Centralizer			
3rd Plug 40'				Baskets			
3 @ 60/40 4 1/2 FEL 1 @ CC				AFU Inserts			
Circ cut to bit				Float Shoe			
				Latch Down			
				SEALICE Spv 1 EA			
				LMV 45			
				Pumptrk Charge PTA			
				Mileage 90			
THANK YOU PLEASE CALL AGAIN 1000 Mike Richard THANK YOU 720000				Tax			
				Discount			
				Total Charge			
Signature [Signature]							