

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



Service Order No.

4252

457 Yucca Lane • Pratt, Kansas 67124 • 620-388-5676

Date 5-17-22

Company <u>Vall</u>		Client Order# <u>0W</u>	
Billing Address		City	State
Lease & Well # <u>Goldman Mecher #7</u>		Field Name	
County <u>Barber</u>	State <u>Kansas</u>	Casing Size <u>5.5</u>	Casing Weight
Fluid Level (surface) <u>3100</u>	Reading from <u>GL</u>	Customer T.D.	Excel Wireline T.D.
Engineer <u>C Bates</u>	Operator <u>M Lopez</u>	Operator	Unit# <u>09</u>

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	Service Charge					950 ⁰⁰
	5.5 CTBP Depth + setting	1	.75	0	4680	1970 ⁰⁰
	Dump Boiler 2 SKC	2	.15	0	4680	702 ⁰⁰
	Dyna Model Catter	1		0	3500	1850 ⁰⁰

Received the above service according to the terms and conditions specified below, which we have read and to which we hereby agree.

Customer _____

SUBTOTAL	5422 ⁰⁰
DISCOUNT	- 1772.00
SUBTOTAL	3650.00
TAX	273.75
NET TOTAL	\$ 3923.75

General Terms and Conditions
<p>(1) All accounts are to be paid within the terms fixed by Excel Wireline invoices and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice. Interest, Attorney, Court, Filing and other fees will be added to accounts turned over to collections.</p> <p>(2) Because of the uncertain conditions existing in a well which are beyond the control of Excel Wireline, it is understood by the customer that Excel Wireline cannot guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.</p> <p>(3) Should any of Excel Wireline instruments be lost or damaged in the performance of the operations requested, the customer agrees to make every reasonable effort to recover same, and to reimburse Excel Wireline for the value of the items which cannot be recovered or for the cost of repairing damage to items recovered.</p> <p>(4) It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees, and customer hereby certifies that the zones, as shot, were approved.</p> <p>(5) The customer certifies that it has the full right and authority to order such work on such well, and that the well in which the work to be done by Excel Wireline is in proper and suitable condition for the performance of said work.</p> <p>(6) No employee is authorized to alter the terms or conditions of this agreement.</p>

QUALITY WELL SERVICE, INC.

7964

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
5-23-22	32	34S	11W	BARBER	KI		
Lease Golden Melcher	Well No. 7		Location Meabodge Ki S to 231-2 lot E to				
Contractor CO-TOOLS				Owner Northstar Rd N 1/3 P Duffwood Rd W. N. Int.			
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.						
Csg. 5/2	Depth			Charge To VAL ENERGY INC			
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 1600 60/40 4% GEL			
EQUIPMENT				1000 GEL 1 SC CL USED 1450			
Pumptrk 3 No.				Common 37 SC			
Bulktrk 15 No.				Poz. Mix 53 SC			
Bulktrk No.				Gel. 999			
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 (CBP) 4630' cut off 3500'				CFL-117 or CD110 CAF 38			
1st Plug 600'				Sand			
1000 GEL				Handling 155			
500 60/40 4% GEL				Mileage 45/6975			
Disp				FLOAT EQUIPMENT			
2nd Plug 270'				Guide Shoe			
500 60/40 4% GEL				Centralizer			
Disp				Baskets			
3rd Plug 40'				AFU Inserts			
350 60/40 4% GEL cicc				Float Shoe			
Pull CSG out of Hole				Latch Down			
TOP OFF 10 SC				SERVICE Sp 1 EA			
				BMV 45			
				Pumptrk Charge PTA			
				Mileage 90			
THANK YOU				2900 9/2000			
PLEASE CALL AGAIN TOOO Related Note							
X Signature				Tax			
				Discount			
				Total Charge			