

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.

8002

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-786-6992
Fax 620-672-3663

Todd's Cell 620-388-4967
Brady's Cell 620-727-6964

| | | | | | | | | | | | | | | | |
|---|---------------------------------------|------|----|------------|--|-------|-----|--|------------------------------------|-------|----|-------------------------|--|--------|--|
| Date | 6-29-22 | Sec. | 24 | Twp. | 34S | Range | 11W | County | BARBER | State | Ks | On Location | | Finish | |
| Lease | NELSON | | | Well No. | 3 | | | Location | MED LODGE, KJ S to GERLANE BIK TOP | | | | | | |
| Contractor | CO-TOOLS | | | | | | | Owner | E to BETHEL RD S to ANGLUS RD | | | | | | |
| 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 1/2 | | | 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 150 5x 60/90 4 1/2 GEL | | | | | | | | | | |
| EQUIPMENT | | | | | | | | | | | | 10 5x GEL on site | | | |
| Pumptrk | 3 | No. | | | | | | Common | 90 3x | | | | | | |
| Bulktrk | 15 | No. | | | | | | Poz. Mix | 60 5x | | | | | | |
| Bulktrk | | No. | | | | | | Gel. | 1016' | | | | | | |
| 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 | CIB/D 4700' cut off 3000' | | | | | | | | | | | CFL-117 or CD110 CAF 38 | | | |
| | 1st Plug 2 1/2" 65 5x 60/90 4 1/2 GEL | | | | | | | | | | | Sand | | | |
| | 10 5x GEL | | | | | | | | | | | Handling 160 | | | |
| | 65 5x 60/90 4 1/2 GEL | | | | | | | | | | | Mileage 45 / 7200 | | | |
| | DISP | | | | | | | | | | | FLOAT EQUIPMENT | | | |
| | 2nd Plug 2 300' | | | | | | | | | | | Guide Shoe | | | |
| | 50 5x 60/90 4 1/2 GEL | | | | | | | | | | | Centralizer | | | |
| | DISP | | | | | | | | | | | Baskets | | | |
| | 3rd Plug 2 40' | | | | | | | | | | | AFU Inserts | | | |
| | 35 5x | | | | | | | | | | | Float Shoe | | | |
| | Circ CMT TO PIT | | | | | | | | | | | Latch Down | | | |
| | | | | | | | | | | | | SERVICE Spt 1 EA | | | |
| | | | | | | | | | | | | LMV 45 | | | |
| | | | | | | | | | | | | Pumptrk Charge PTA | | | |
| | | | | | | | | | | | | Mileage 90 | | | |
| | | | | | | | | | | | | Tax | | | |
| | | | | | | | | | | | | Discount | | | |
| | | | | | | | | | | | | Total Charge | | | |
| THANK YOU PLEASE CALL AGAIN TODD MIKE BRADY | | | | | | | | | | | | Signature Todd Brady | | | |

X Signature