

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.

8548

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	5-20-24	Sec.	20	Twp.	34S	Range	1W	County	BARBER	State	KI	On Location		Finish		
Lease	Hillcrest	Well No.	500			Location										
Contractor	CO-TOOLS							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	7 7/8			T.D.			Charge To									
Csg.	5 7/2			Depth			VAL ENERGY									
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 1754 60/40 4% GEL									
EQUIPMENT							50% GEL 0% SINE USED 140 SC									
Pumptrk	3	No.					Common 34 SC									
Bulktrk	15	No.					Poz. Mix 56 SC									
Bulktrk		No.					Gel. 782 lbs									
Pickup		No.					Calcium									
JOB SERVICES & REMARKS							Hulls									
Rat Hole								Salt								
Mouse Hole	CIBP 5320'							Flowseal								
Centralizers	Cut OFF 2 3504'							Kol-Seal								
Baskets								Mud CLR 48								
D/V or Port Collar								CFL-117 or CD110 CAF 38								
1 st Plug 6 1/2'								Sand								
50% GEL								Handling 185 SC								
50% 60/40 4% GEL								Mileage 45 / 8325								
DISP								FLOAT EQUIPMENT								
2 nd Plug 2 7/8'								Guide Shoe								
50% 60/40 4% GEL								Centralizer								
DISP								Baskets								
3 rd Plug 4 1/2'								AFU Inserts								
40% 60/40 4% GEL								Float Shoe								
CIRC CNT TO PET								Latch Down								
							SERVICE Sp1 1EA									
							LNU 45									
							Pumptrk Charge PTA									
							Mileage 90									
							Tax									
							Discount									
							Total Charge									
THANK YOU PLEASE CALL AGAIN TODD JACKSON MATT																
X Signature																



Service Order No.

5561

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

Date 5-15-24

Company <u>Val Energy</u>		Client Order# <u>02W</u>	
Billing Address		City	State
Lease & Well # <u>Hill trust SWD</u>		Field Name	Legal Description (coordinates)
County <u>Barber</u>	State <u>Kansas</u>	Casing Size <u>5 1/2</u>	Casing Weight
Fluid Level (surface)	Reading from <u>BL</u>	Customer T.D.	Excel Wireline T.D.
Engineer <u>C. Bates</u>	Operator <u>J. Johnson</u>	Operator	Unit# <u>09</u>

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
	Service Charge					925.00
	CRIP 5.5 Depth + collar	1	.25	0	5320	2530.00
	Dump Bails 25ft	2	.20	0	5320	1,064.00
	Dynalobbe Cutter	2		0	3504	1,851.00

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

Customer Frank Calton

General Terms and Conditions

(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.

(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.

(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.

(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.

(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.

(6) No employee is authorized to alter the terms or conditions of this agreement.

SUBTOTAL	<u>6397.00</u>
DISCOUNT	<u>1544.00</u>
SUBTOTAL	<u>3850.00</u>
TAX	<u>266.75</u>
NET TOTAL	<u>\$4116.75</u>