

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.

8595

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	7-24-24	Sec.	32	Twp.	34S	Range	11W	County	Barber	State	Ks	On Location	Finish				
Lease	Goldman-Melchior		Well No.	81A		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.														
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 150y 60/40 4 1/2 GEL												
EQUIPMENT										64 Gel on site USED 135g							
Pumptrk	3	No.			Common 31 SK												
Bulktrk	10	No.			Poz. Mix 59 SK												
Bulktrk		No.			Gel. 1064 lbs												
Pickup		No.			Calcium												
JOB SERVICES & REMARKS										Hulls							
Rat Hole								Salt									
Mouse Hole	CIBPD 4650'							Flowseal									
Centralizers	cut off 2 3476'							Kol-Seal									
Baskets								Mud CLR 48									
D/V or Port Collar								CFL-117 or CD110 CAF 38									
1st P/B 613'										Sand							
65y GEL										Handling 146							
50y 60/40 4 1/2 GEL										Mileage 45 / 11270							
Drip										FLOAT EQUIPMENT							
2nd P/B 318'										Guide Shoe							
50y 60/40 4 1/2 GEL										Centralizer							
Drip										Baskets							
										AFU Inserts							
										Float Shoe							
3rd P/B 42'										Latch Down							
25y 60/40 4 1/2 GEL										SERVICE SUP 1 EA							
CIRC CNT TO P/T										LW 45							
										Pumptrk Charge PTA							
										Mileage 90							
THANK YOU PLEASE CALL AGAIN TODAY! MATT HAYDEN														Tax			
														Discount			
														Total Charge			
X Signature																	