

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

1034228

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #: 5822			API No. 🗃 - 15-007-23106-00-00							
Name: Val Energy, Inc.			Spot Description:							
Address 1: 200 W DOUGLAS AVE STE 520			SE_SE_SW_Sec. 13 Twp. 34 S. R. 11East \(\sqrt{\text{West}} \)							
Address 2:			330 Feet from North / South Line of Section							
City: WICHITA State: KS zip: 67202 + 3005 Contact Person: K. TODD ALLAM Phone: (316) 263-6688 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No			Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County: Barber Lease Name: MEYER Well #: 1-13 Date Well Completed:							
						Producing Formation(s): List All (If needed attach another	by:	by:(KCC District Agent's Name)		
						· · ·	Plugging Completed: 12/7/2009			
						Depth to Top: Botto				
						Depth to Top: Botto	om: T.D.			
						Show depth and thickness of all water, oil and gas form	ations.			
Oil, Gas or Water Records	Oil, Gas or Water Records Casing		Record (Surface, Conductor & Production)							
Formation . Content	Casing	Size	Setting Depth	Pulled Out						
	SURFACE	12.25	275	0						
	PRODUCTION	7.875	4814	3200						
Describe in detail the manner in which the well is plugg cement or other plugs were used, state the character of SET CIBP AT 4614' W/2 SACKS (SHOT CASING AT 3200' AND PUPUMP 50SX CEMENT 300', PUMI BASIC 1718-1080-A	same depth placed from (bott CEMENT ON TOP. LLED FREE, PUM	SHOT CAP 50SXS (each plug set. ASING AT 3900', CEMENT AND 1	UNSUCCESSFUL, IOSX GEL AT 600',						
Plugging Contractor License #: 33939		Blackgold Oilfield Service LLC KCC WICHITA								
Address 1: 506 JEFFERSON AVE			dress 2: PO BOX 167							
City: MEDICINE LODGE	State:	KS	zip: <u>67104</u> + <u>1153</u>							
Phone: (620) 200-5584										
Name of Party Responsible for Plugging Fees: \overline{VAL}	ENERGY INC.									
State of KANSAS County,	, ss.									
DUSTIN WYER (Print Name)		Employee of Operator or Operator on above-described well,								
being first duly sworn on oath, says: That I have knowled	dge of the facts statements, an	d matters hereir	n contained, and the log o	f the above-described well is as filed, and						

Submitted Electronically