

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1077311

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 #:			API N	No. 15				
Name:				Spot Description:				
Address 1:				Sec T	wp S. R East West			
Address 2:				Feet from	North / South Line of Section			
City:	State:	Zip:+		Feet from East / West Line of Section				
Contact Person:			Foota	ages Calculated from Near	est Outside Section Corner:			
Phone: ()				NE NW	SE SW			
Type of Well: (Check one)			ic Coun	nty:				
Water Supply Well	Water Supply Well Other: SWD Permit #:			Lease Name: Well #:				
ENHR Permit #:	ENHR Permit #: Gas Storage Permit #:			Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	1		roved on: (Date)			
Producing Formation(s): List A		r sheet)	by:		(KCC District Agent's Name)			
Depth to		m: T.D	l Plugo	ging Commenced:				
Depth to		m: T.D	Plugg	Plugging Completed:				
Depth to	o Top: Botto	m: T.D						
Show depth and thickness of		ations.						
Oil, Gas or Water Records			Casing Record (Surface, Conductor & I		, ·			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
					_			
cement or other plugs were us	. 00		•		ods used in introducing it into the hole. If			
Plugging Contractor License #:			Name:					
Address 1:			Address 2:					
City:			State	:	Zip:+			
Phone: ()								
Name of Party Responsible fo	or Plugging Fees:							
State of	County, _		, SS.					
	(Print Name)			Employee of Operator or	Operator on above-described well,			

Submitted Electronically

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

Hurricane Services, Inc. 3613 A Y Road Madison, KS 66860 Office # 620-437-2661 Brad Cell # 620-437-6765

Ticket Number_	100025	
Location	Madison	
Foreman	Brad Butler	

Cement Service ticket

Date	Customer#	Well Name & Number	Sec./1	Township/Range	County
1-24-12		KNabe M #3			Johnson
	nsas Resource	Mailing Address	City	State	Zip
Exploi	ration & Development				

b Type:	Plug To Abandon		Truck #	Driver
	7		201	Kelly
ole Size:	Casing Size: 4/2"	Displacement:	202	Jerry
ole Depth:	Casing Weight:	Displacement PSI:	104	Danny
idge Plug:	Tubing:	Cement Left in Casing:		
cker:	PBTD:			
uantity Or Units	Descriptio	on of Servcies or Product	Pump charge	665,00
D-	Mileage > 5 Thwell of	COAY	\$3.25/Mile	665.00 N/c
85 .5	10/40 D		10.90	926.50
292	165 60/40 Pozmiso 165 Gel 476	Cemer!	,30	87.60
	Hulls		25,00	5.00
2 4	bus water Truck		84.00	168.00
3.80 To	ns Bulk Truck > 35 miles	5	\$1.15/Mile	152.95
	Plugs			200-4-
			Subtotal	2005.05
			Sales Tax	75.41
			Estimated Tota	

Remarks: Ris 4010 41/2" casing, Pumped 15 Bbl. water Into well with 100 PSI, STOrT mixing cement-we had 15 sks commit
Mixed - Add Hulls To cener - We mixed 70sks cement behad Hulls with Arosur up to 1000ASI - Shutchen Pressure 400 ASI
Staged Cement - Well Holding 1100 PSI - close casing NWAG 1100 PSI
Job complete - Teardown
. COSTOMPINA TESTADOS.
"Thank you"
IMANKYOU

Customer Signature

(Rev. 1-2011)