



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

KANSAS CORPORATION COMMISSION 1077960
OIL & GAS CONSERVATION DIVISION

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 #: _____
 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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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

Ticket Number 100052
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
3-27-12		Hendrickson # C-3	17-255-9E	Greenwood
Customer DayStar Petroleum, Inc.		Mailing Address	City	State Zip

Job Type:				Truck #	Driver
Plug To Abandon				201	Kelly
Hole Size: 7 7/8"	Casing Size: 5 1/2" or 2345"	Displacement:	202	Jerry	
Hole Depth:	Casing Weight:	Displacement PSI:	104	Clayton	
Bridge Plug:	Tubing:	Cement Left in Casing:	105	Jesus	
Packer:	PBTD:				

Quantity Or Units	Description of Services or Product	Pump charge	
	Perfs or 2188' to 2198', 2335' to 2342'		
15	Mileage	\$3.25/Mile	790.00 48.75
100 SACKS.	60/40 Pozmix cement	10.90	1090.00
345 lbs.	Gel 47	.30	103.50
650 lbs.	Gel > Spacers between Plugs	.30	195.00
5 Hrs.	water Truck #104	84.00	420.00
5 Hrs.	water Truck #105	84.00	420.00
	Rental swivel (wash head)		50.00
4.79 Tons	Bulk Truck > minimum charge (1 st well of 2)	\$1.15/Mile	150.00
15	Mileage on Trk #290	1.50	22.50
	Plugs		
	Subtotal		3289.75
	Sales Tax		101.36
	Estimated Total		3391.11

Remarks: SET cement Plugs AS following Along with Gel Spacers between Plugs.

20 SKs at 2148'
 20 SKs at 900'
 60 SKs at 150' To Surface

"Thank you"

Witnessed by John

Customer Signature