



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

KANSAS CORPORATION COMMISSION 1198124
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

FED ID # 48-1214033
 Shop # (620) 437-2661
 Cellular # (620) 437-7582
 Office # (316) 303-9515
 Office Fax # (316) 263-0432

Hurricane Services, Inc.
Cementing & Circulating Division
 250 N. Water, Suite 200
 Wichita, KS 67202

MC ID# 165290

Shop Address: 3613A Y Road
 Madison, KS 66860

Customer:
 RUNNING FOXES PETROLEUM, INC.
 6855 S HAVANA STREET, STE 400
 CENTENNIAL, CO 80112

Invoice Date: 3/31/2014
 Invoice #: 0012836
 Lease Name: LIVENGOOD

Well #: 1

County: BROWN

Date/Description	HRS/QTY	Rate	Total
3/31/14 See ticket 100407/DL	1.000	790.000	790.00
Mileage	300.000	2.373	712.00
Cement Pozmix 60/40	520.000	12.000	6,240.00 T
Gel 4%	1,789.000	0.300	536.70 T
Gel spacers between plugs	700.000	0.300	210.00 T
Vac truck #109	11.000	84.000	924.00
Vac truck #111	11.000	84.000	924.00
Bulk truck #240	3,354.000	1.300	4,360.20
Fuel surcharge	1.000	734.850	734.85 T

Net Invoice 15,431.75
 Sales Tax: (7.65%) 590.70
Total 16,022.45

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

WE APPRECIATE YOUR BUSINESS!

Hurricane Services, Inc.

3613 A-Y Road 104 Prairie Plaza *Philly*

Madison, KS 66860 *66032*

Office # 620-437-2661

Brad Cell # 620-437-6765



HURRICANE SERVICES INC
OILFIELD SERVICES
MADISON, KANSAS

Ticket Number 100407

Location _____

Foreman *Ryan Lowe*

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
<i>3/31/14</i>		<i>Liven Good 1</i>	<i>3-1-15</i>	<i>Brown</i>
Customer		Mailing Address	City	State Zip
<i>Running Fox</i>				

Job Type:	Truck #	Driver
	<i>231</i>	<i>TOM</i>
Hole Size: <i>Cable tool</i>	Displacement:	<i>240/250</i>
Casing Size: <i>5 1/2</i>	Displacement PSI:	<i>111</i>
Hole Depth:	Cement Left in Casing:	<i>109</i>
Bridge Plug:	PBTD:	<i>159</i>
Packer:		

Quantity Or Units	Description of Services or Product	Pump charge	
<i>150</i>	Mileage <i>Cement Pump</i>	<i>\$3.25/Mile</i>	<i>790</i>
			<i>487⁰⁰</i>
<i>520 SK</i>	<i>60/40 Pozmix cement</i>	<i>12⁰⁰ SK</i>	<i>6240</i>
<i>789 Lbs</i>	<i>Gel 4%</i>	<i>.3046</i>	<i>538.10</i>
<i>700 LBS</i>	<i>Gel Spacer Between Plugs</i>	<i>.3046</i>	<i>210⁰⁰</i>
<i>{ Truck 25 }</i>			
<i>{ 150 Mi }</i>	<i>TRUCK 25</i>	<i>1.50 mi</i>	<i>225⁰⁰</i>
<i>11 hr</i>	<i>Water TRUCK</i>	<i>84 hr</i>	<i>924</i>
<i>11 hr</i>	<i>Water TRUCK</i>	<i>84 hr</i>	<i>924</i>
<i>Tons</i>	<i>Bulk Truck</i>	<i>\$130/Mile</i>	<i>4360.20</i>
	<i>Plugs</i>		
		Subtotal	<i>14696.90</i>
		<i>7.65%</i> Sales Tax	<i>534.48</i>
		Estimated Total	<i>15,231.38</i>

Remarks:

Pump 20 SK at 1800'
Pump 20 SKs at 1409'
Pump 490 TO Top of F

On location 9:00 AM 2:00 PM

[Signature]
Customer Signature