

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

1204379

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 #:			I AF	기 No. 15				
Name:			I		ription:			
Address 1:					Sec Tv			
Address 2:					Feet from		outh Line of Section	
City:				Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:				
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				County: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)				
Producing Formation(s): List A								
• ,	•	n: T.D					-	
		n: T.D	PIL		commenced:			
Depth to	·	n: T.D	Plu	ugging C	completed:			
Show depth and thickness of a	all water, oil and gas forma	tions.						
Oil, Gas or Water	Records		Casing Reco	rd (Surfa	ce, Conductor & Produc	ction)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us		-				as usea in introducii	ng it into the noie. II	
Plugging Contractor License #	:		Name:					
Address 1:			Address 2:					
City:			Sta	ate:		Zip:	+	
Phone: ()								
Name of Party Responsible for	r Plugging Fees:							
State of	County, _		, , s	3S.				
				Emr	oloyee of Operator or	Operator on al	pove-described well,	

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.

(Print Name)

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:

SHARMAR OIL & GAS CO INC

PO BOX 9

1116 E MAIN

MARION, KS 66861-0009

Invoice Date: Invoice #: 4/22/2014 0013090

Lease Name:

LIPS

Well#:

3-31

County:

CHASE

Date/Description	HRS/QTY	Rate	Total	
See ticket 100388 of BB	1.000	650.000	650.00	
Mileage	100.000	2.375	237.50	
Cement Pozmix 60/40	44.000	12.000	528.00 T	
Gel 4%	152.000	0.300	45.60 T	
Bulk truck #202	1.000	150.000	150.00	
Fuel surcharge	1.000	80.560	80.56 T	

328589 328589

Net Invoice

1,691.66

Sales Tax: (6.15%)

40.23

Total

1,731.89

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 Madison, KS 66860 Office # 620-437-2661 Brad Cell # 620-437-6765



Ticket Number_	100388
Location	Madison
Foreman	Brad Butler

			Cement Service	ce ticket			
Date	Custome	er#	Well Name	& Number	Sec./Tov	Sec./Township/Range	
4-22-14			Aips* 3-31 Mailing Address City		31	31-18-7E	
Customer			Mailing Address		City	State	Chase Zip
Shawi	mar 0i/10	Sas Comps	P.O. Box 9	1116 E. Mais		Ks.	66861-0009
Job Type:		PlusTo	Abendon			Truck #	Driver
Hole Size:		Casing Si	70: /// //	Displacement		201	Jerry
Hole Depth:						202	Bryan
Bridge Plug:			Cement Left in			-	
Packer:			PBTD:		r casing.		
Quantity Or l	Jnits		Description of	Servcies or Pro	oduct	Pump charge	650,00
			Mileage				162.50
,,							
	44 SACKS		140 FOZMIX CEN	neut		12.00	528,00
	152 16s		Gel 42			.30	45,60
	50 mile	Truck	(# //			1.50	75,00
2	Tons	Bulk Truc	Minimum chang	e - 12 Tobos	Тио	!	/50,00
		Plugs					
						Subtotal	1611.10
				15 0 - 0 - 1	7.152	Sales Tax	41.01
						Estimated Tota	
emarks: Ris Tetwas, is Squeeze c	nuTdown-	Pull Tub	at 400 Brown	Sill cashe	beckep wit	next Till good Greenert, Rig	CEMENT SUPTO 41/2"
			W.	Thank you"			

Witnessed by Bob Customer Signature

(Rev. 1-2011)