



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

KANSAS CORPORATION COMMISSION 1204664
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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 100378
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
4-1-14		M ^c Donald KR-7	27-19s-22E	Linn
Customer		Mailing Address	City	State Zip
Kansas Resource Exploration				

Job Type:

Plug To Abandon

Truck #	Driver
201	Kelly
202	Jerry
144-150	Clayton

Hole Size: <u>5 7/8"</u>	Casing Size:	Displacement:
Hole Depth: <u>670'</u>	Casing Weight:	Displacement PSI:
Bridge Plug:	Tubing:	Cement Left in Casing:
Packer:	PBTD:	

Madison

Quantity Or Units	Description of Services or Product	Pump charge	
20	Mileage > out of GARNETT CAMP	\$3.25/Mile	790.00 65.00
77 sacks	60/40 Pozmix cement	12.00	924.00
132 lbs	Gel 2%	.30	39.60
3 Hrs	Water Transport	105.00	315.00
20 miles	Truck # 11	1.50	30.00
Tons	Bulk Truck > minimum charge	: M/C	300.00
	Plugs		
		Subtotal	2463.60
		Sales Tax 6.15%	59.26
		Estimated Total	2522.86

Remarks: Set Cement Plugs as follows:

35 SKS at 670' to 450'
42 SKS at 200' to Surface
77 SKS Cement Total
 "Thank you"

Witnessed by Brad Kramer
 Customer Signature