



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

KANSAS CORPORATION COMMISSION 1212671
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.
 104 Prairie Plaza Parkway
 Garnett, KS 66032
 Office # 785-448-3100
 Toll Free # 855-718-8027



Ticket Nº 50266
 Location _____
 Foreman Joe Blanehard Dwayne Lower

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
6-26-14		Watts 7	33 23 14	Woodson
Customer		Mailing Address	City	State Zip
Haas Petroleum				

Job Type:

Job Type:	Truck #	Driver
Plug Job 1" fillup	25	Dwayne / Joe
Hole Size:	231	Tom
Hole Depth: 1625	240	Amos / DAN
Bridge Plug:	108	Jeff Goodwin
Packer:		

Quantity Or Units	Description of Services or Product	Pump charge	
25 mi	Mileage #231	\$3.25/Mile	81.25
25 mi	#25 Pick up	1.50	37.50
41 SK	60/40 Cement	12.00	492.00
200 LB	Gel Spacer	.30	60.00
138 LB	Gel	.30	41.40
5 hr	80 vac #108	84.00	420.00
2300 gal	Garnett Water	1.30	299.00
1	1" wash head	50.00	50.00
1.75 Tons	Bulk Truck Minimum Delivery #240	\$1.15/Mile	300.00
	Plugs		
		Subtotal	
		Sales Tax	
		Estimated Total	

Remarks: washed to TD of 1625 Pumped 10 80 gal spacer followed
 20 SKS cement Pulled out to 750 Ft Pumped 10 SKS Cement.
 Tipped out to 250 Ft Pumped 10 SKS Cement. Pulled all 1" out of
 hole topped off with 1 SK Cement.