



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

KANSAS CORPORATION COMMISSION 1218153
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 50353
 Location _____
 Foreman Joe Blanchard

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
7-23-14		Martin # 8	29 22 19	Anderson
Customer		Mailing Address	City	State Zip
MAE. Resources				

Job Type:			Truck #	Driver
Plug Plug and ^{Abandoned}			26	Joe
Hole Size:	Casing Size:	Displacement:	230	Alex
Hole Depth:	Casing Weight:	Displacement PSI:	108	Jeff Goodree
Bridge Plug:	Tubing:	Cement Left in Casing:	240	DAN
Packer:	PBTD:		110	Scott

Quantity Or Units	Description of Services or Product	Pump charge	790
14 Mi	Mileage Pump truck	\$3.25/Mile	45 ⁵⁰
14 Mi	Pick up # 26	1. ⁵⁰	21 ⁰⁰
38 SK	Straight Cement	14 ⁸⁵	564 ²⁰
1 LB	Flo Seal	2 ¹⁵	2 ¹⁵
1 hr	80 vac #110	84 ⁰⁰	84 ⁰⁰
2 hr	80 vac #108	84 ⁰⁰	168
1680 gal	Garnett water	1.3 ⁴	21. ⁸⁴
1 ea	1" wash head	50 ⁰⁰	50 ⁰⁰
1.8 Tons	Bulk Truck MINIMUM charge #240	\$1.15/Mile	150 ⁰⁰
	Plugs		
		Subtotal	1896. ²⁵
		Sales Tax	
		Estimated Total	

Remarks: Pumped 15 SKS Cement down 1" tubing Pulled all 1" out of hole. Hooked onto 2 7/8 tubing & Pumped 23 SKS Cement to Squeeze well off at 1100 psi. Shut well in washed up moved to 2nd location.