



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

KANSAS CORPORATION COMMISSION 1273789
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.

(Print Name) Employee of Operator or Operator on above-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.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	Pollok Energy LLC.	Date:	11/12/2015	SO#:		1286
Representative:						
Address:						
City, State:						
County, Zip:						

Field Order No.:	100603
Well Name:	Rose # 1-22
Location:	Hardtner Ks.
Formation:	
Type of Service:	PTA
Well Type:	Oil
Age of Well:	
Packer Type:	
Packer Depth:	
Treatment Via:	Tubing

Open Hole:	
Casing Depth:	4658 CIBP
Casing Size:	
Tubing Depth:	600
Tubing Size:	2 3/8
Liner Depth:	
Liner Size:	
Liner Top:	
Liner Bottom:	
Total Depth:	

Perf Depths (ft)	Perfs
Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
7:00 AM					Called Out			
1:15 PM					On Location W/Trucks Hold Safety Meeting			
					Set Up Trucks			
4:00 PM					Hook up To Tubing			
					1 st Plug @ 600' 15 sacks Gel 50 Sacks 60/40 4 % Gel			
4:10 PM	3.0		130.0		Start Mix 15 Sacks Gel			30.00
	3.0		130.0		Start Mix 50 Sacks 60/40 4%			12.65
	3.0		130.0		Start Displacement			1.50
4:23 PM			o		Shut Down			
					2 nd Plug @ 300 100 Sacks 60/40 4% Gel			
4:30 PM	3.0		170.0		Start Circulate Hole			5.00
	3.0		170.0		Start Mix 100 Sacks 60/40 4% Gel			25.29
	2.0				Start Displacement			0.50
4:47 PM			-		Shut Down			
					3 rd Plug @ 60'			
4:55 PM	2.0		100.0		Start Mix 60/40 4% Gel 75 Sacks			
					Circulate Cement To Pit			18.96
5:05 PM					Shut Down			
TOTAL:								93.90

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
3.0	2.7	170.0	118.6

PRODUCTS USED

Treater: _____

Customer: _____

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 3080
Name: JACK EXPLORATION, INC.
Address: P.O. BOX 1279
City/State/Zip: SULPHUR, OK 73086
Purchaser: _____
Operator Contact Person: CLAYTON C. JACK
Phone: (580) 622-2310
Contractor: Name: DUKE DRILLING CO., INC.
License: 5929
Wellsite Geologist: MIKE POLLOCK
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
11-04-2006 11-12-2006 07-10-2007
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-23091-0000
County: BARBER CO, KS
W/2 - NE - - - - Sec. 22 Twp. 34 S. R. 13 East West
1320 feet from S / N (circle one) Line of Section
1980 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: ROSE Well #: 1-22
Field Name: WILDCAT
Producing Formation: DOLOMITE MISSISSIPPIAN
Elevation: Ground: 1749 Kelly Bushing: 1762
Total Depth: 4935 Plug Back Total Depth: 4896
Amount of Surface Pipe Set and Cemented at 280 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ AIT (CDlg - 1 1/2" x 1/2")
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 4000 ppm Fluid volume _____ bbls
Dewatering method used NO FLUIDS - EVAPORATION
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Clayton C. Jack
Title: PRESIDENT Date: 10/31/2007
Subscribed and sworn to before me this 31st day of October
07
Notary Public: Kelly Aaron
Date Commission Expires: March 15, 2010



KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 13 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: JACK EXPLORATION, INC. Lease Name: ROSE Well #: 1-22
 Sec. 22 Twp. 34 S. R. 13 East West County: BARBER CO, KS

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum MICRO RESISTIVITY LOG COMPENSATED NEUTRON LOG
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
CONDUCTOR	30"	20"		40'	GROUT	4 YDS	
SURFACE	17 1/2"	13 3/8"	48#	280'	CLASS A	250	3%cc 2%gel
PRODUCTION	7 7/8"	4 1/2"	11.6#	4935'	CLASS H	250	ASC w/ 5% FL-100, 1/4# FLO-SEAL

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
1 spf (14') 14 shots	LOWER MISS. 4808-4822	ACIDIZE w/ 1500 GAL 15% HCL NE/FE ACID w/ FR	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. NONE-WAITING ON PIPELINE	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify) _____

ALLIED CEMENTING CO., INC. 24864

Federal Tax I.D.:

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge, KS

DATE <u>04 Nov 06</u>	SEC. <u>22</u>	TWP. <u>34s</u>	RANGE <u>13w</u>	CALLED OUT <u>10:00 AM</u>	ON LOCATION <u>11:00 AM</u>	JOB START <u>2:00 PM</u>	JOB FINISH <u>3:15 PM</u>
LEASE <u>Rose</u>	WELL # <u>1-22</u>	LOCATION <u>Hardtman, KS, 2 1/2 W, 3 1/2 N, 1 1/2 W</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>		N/Side					

CONTRACTOR Duke #9

TYPE OF JOB Surface

HOLE SIZE 17 1/2 T.D. 280

CASING SIZE 13 3/8 DEPTH 280

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 200 MINIMUM _____

MEAS. LINE _____ SHOE JOINT N/A

CEMENT LEFT IN CSG. 20'

PERFS. _____

DISPLACEMENT 41 Bbls Fresh H₂O

EQUIPMENT

OWNER Jacks Expl.

CEMENT

AMOUNT ORDERED 250sx "A" + 3% o/c + 2% o/gel

COMMON	<u>250 A</u>	@	<u>10.65</u>	<u>2662.50</u>
POZMIX		@		
GEL	<u>5</u>	@	<u>16.65</u>	<u>83.25</u>
CHLORIDE	<u>9</u>	@	<u>46.60</u>	<u>419.40</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>264</u>	@	<u>1.90</u>	<u>501.60</u>
MILEAGE	<u>32 x 264 x</u>		<u>.09</u>	<u>760.32</u>
TOTAL				<u>4427.07</u>

PUMP TRUCK CEMENTER D. Felio

352 HELPER M. Coley

BULK TRUCK

421 DRIVER R. McKinney

BULK TRUCK

_____ DRIVER _____

REMARKS:

Pipe on Btm, Break Circ, Pump fresh H₂O, Mix 250sx "A" 3% o/c + 2% o/gel, Start Disp., See increase in lift, Slow Rate, Stop Pump at 41 Bbls total Fresh H₂O Disp., Shut in, Release line Pist, Cement Did Circ.

CHARGE TO: Jacks Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Alan Watson

SERVICE

DEPTH OF JOB 280'

PUMP TRUCK CHARGE _____ 815.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 32 @ 6.00 192.00

MANIFOLD _____ @ _____

RECEIVED _____

KANSAS CORPORATION COMMISSION

NOV 13 2007 TOTAL 1007.00

CONSERVATION DIVISION
WICHITA, KS
PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING TOTAL _____

TAX _____

TOTAL CHARGE [scribble]

DISCOUNT [scribble] IF PAID IN 30 DAYS

PRINTED NAME _____

cc: ICA
well file

ALLIED CEMENTING CO., INC. 23896

Federal Tax I.D.:

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
MED LODGE

DATE <u>11-13-06</u>	SEC <u>22</u>	TWP <u>3 1/2</u>	RANGE <u>13W</u>	CALLED OUT <u>7:00 AM</u>	ON LOCATION <u>10:30 AM</u>	JOB START <u>2:30 PM</u>	JOB FINISH <u>3:30 PM</u>
LEASE <u>Rose</u>		WELL # <u>1-22</u>	LOCATION <u>HARDNER, 2 1/2 WEST, 3 1/2</u>		COUNTY <u>BARBER</u>	STATE <u>KANSAS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			NORTH, 1W, 42N, 14W NINTO				

CONTRACTOR DUKE #9 OWNER JACK EXPLORATION

TYPE OF JOB PRODUCTION CASING

HOLE SIZE 7 7/8" T.D. 4935'

CASING SIZE 4 1/2" 11.6# DEPTH 4935'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1400# MINIMUM _____

MEAS. LINE _____ SHOE JOINT 20.06'

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 77 BBLs. WATER

CEMENT	AMOUNT ORDERED		
<u>27 5/8" 4" ASC + 5# KOL-SEAL</u>			
<u>+ 5 7/8" FL-160 + 1/4" FLO-SEAL</u>			
COMMON	@		
POZMIX	@		
GEL	@		
CHLORIDE	@		
ASC "H"	<u>275</u>	@ <u>15.15</u>	<u>3408.75</u>
<u>FL-160</u>	<u>106#</u>	@ <u>10.65</u>	<u>1128.90</u>
<u>KOL-SEAL</u>	<u>112.5#</u>	@ <u>.70</u>	<u>787.50</u>
<u>FLO-SEAL</u>	<u>56#</u>	@ <u>2.00</u>	<u>112.00</u>
	@		
	@		
	@		
	@		
HANDLING <u>292</u>	@ <u>1.90</u>		<u>554.80</u>
MILEAGE <u>292 X 32</u>	<u>.09</u>		<u>262.80</u>
		TOTAL	<u>6832.91</u>

EQUIPMENT

PUMP TRUCK CEMENTER KEVIN B.

44-302 HELPER MARK B.

BULK TRUCK

363-250 DRIVER JR. F.

BULK TRUCK

_____ DRIVER _____

REMARKS:

RUN 4 1/2" + CIRCULATE CASING

PUMP 5 BBLs. WATER

MIX 50% CERO SURRY

MIX 175% TAIL SURRY

WASH PUMP + LINES

DISPLACE PLUG TO 4917' / 77 BBLs

FLOAT DIED HOLD

SERVICE			
DEPTH OF JOB	<u>4935'</u>		
PUMP TRUCK CHARGE			<u>1750.00</u>
EXTRA FOOTAGE	@		
MILEAGE <u>32</u>	@ <u>6.00</u>		<u>192.00</u>
MANIFOLD	@		
<u>HEAD RENTAL</u>	@ <u>100.00</u>		<u>100.00</u>
	@		

CHARGE TO: JACK EXPLORATION

STREET RT 1, BOX 38A

CITY BREEDOLL STATE OKLA ZIP 73842

RECEIVED KANSAS CORPORATION COMMISSION			
			TOTAL <u>2042.00</u>
NOV 13 2007			
4 1/2" CONSERVATION DIVISION WICHITA, KS			
1-APU FLOAT SIDE	@ <u>200.00</u>		<u>200.00</u>
1-LATCH DOWN PLUG	@ <u>325.00</u>		<u>325.00</u>
6-TURBOLIZERS	@ <u>55.00</u>		<u>330.00</u>
	@		

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING

TAX			
TOTAL CHARGE	<u>\$9729.91</u>		
DISCOUNT	<u>972.99</u>	IF PAID IN 30 DAYS	

SIGNATURE X Alan Watson PRINTED NAME ALAN WATSON

OK!
KA
well file