



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

KANSAS CORPORATION COMMISSION 1294859
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

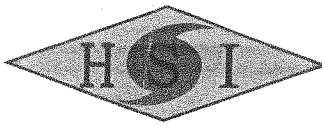
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

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



Copy's for Jason

250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	DayStar Petroleum		Customer Name:		Ticket No.:	100695			
Address:			AFE No.:		Date:	2/25/2016			
City, State, Zip:			Job type	Plug To Abandon					
Service District:	Madison		Well Details:	4 1/2" casing set @ 850'					
Well name & No.	Rodman		Well Location:	31-25s-14e	County:	Woodson	State:	Kansas	
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TRUCK CALLED		AM	TIME
201	Jerry					ARRIVED AT JOB		PM	
203	Bryan					START OPERATION		PM	
106	Mark					FINISH OPERATION		PM	
30	Brad					RELEASED		PM	
						MILES FROM STATION TO WELL			

Treatment Summary

Rig up to 4 1/2" casing, pumped onto well, were unable to pump into. Ran 2 3/8" tubing into well to 810', rig up to tubing, pumped 150 lbs gel spacer, spot 10 sks cement. Pull tubing up to 403', rig up to tubing, pumped 50 lbs gel spacer, spot 10 sks cement. Pull tubing up to 250', rig up to tubing, break circulation with fresh water. Mixed cement till we had good cement returns, pull tubing out of well. Filled casing back up with cement and filled backside up with cement, mixed with 5 3/4 Bbls water = 41 sks cement Total of 61 sks 60/40 pozmix cement w/ 2% gel Job Complete wash up & tear down "Thank You"

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
c20102	Cement Pump	ea	1.00	\$675.00	\$675.00	\$337.50
p01603	60/40 Pozmix Cement	sack	61.00	\$12.00	\$732.00	\$366.00
p01607	Bentonite Gel	lb	105.00	\$0.30	\$31.50	\$15.75
c00103	Ton Mileage - One way	mi	1.00	\$150.00	\$150.00	\$75.00
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	\$30.00
c10600	Vacuum Truck 80 bbl	ea	3.00	\$84.00	\$252.00	\$126.00

TERMS: Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection. Authorization below acknowledges receipt and acceptance of all terms and conditions including the Standard Terms of Sale.

X _____
CUSTOMER AUTHORIZED AGENT

Customer Comments or Concerns:

Gross:		\$ 1,900.50	Net:	\$ 950.25	
Total Taxable	\$ 411.75	Tax Rate:	7.150%		
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.				Sale Tax:	\$ 29.44
				Total:	\$ 979.69

Date of Service: 2/25/2016
HSI Representative: Brad Butler

Customer Representative: