



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

KANSAS CORPORATION COMMISSION 1295981
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

TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	Patrick Development	Date:	12/22/2015	SO#:		1286
Representative:						
Address:						
City, State:						
County, Zip:	Allen					

Field Order No.:	50753	Open Hole:		Perf Depths (ft)	Perfs
Well Name:	Hamond #6	Casing Depth:			
Location:	Humboldt, KS	Casing Size:			
Formation:		Tubing Depth:			
Type of Service:	Squeeze Plug	Tubing Size:	2 7/8		
Well Type:	Injection	Liner Depth:			
Age of Well:		Liner Size:			
Packer Type:		Liner Top:			
Packer Depth:		Liner Bottom:			
Treatment Via:		Total Depth:			
				Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
12:00pm					On location			
					Safety Meeting			
12:05pm					Rig up to 2"			
12:10pm	1.5		400.0		Start injection rate			4.00
12:14pm					Shut down / Mix up 7bbl of 14.4ppg cement			7.00
12:17pm	1.5		800.0		Pump down cement			5.00
12:20pm					Shut down			
12:35pm	0.5		1,000.0		Pump down cement			1.00
12:37pm			100.0		Shut down			
12:39pm	0.5		1,700.0		Pump down cement			1.00
12:41pm			1,700.0		Shut down			
12:45pm			1,700.0		Shut well in / Used 35sx 60/40 2% to plug well			
12:47pm					Clean up truck and flush out lines			
1:10pm					Move to next well on location			
THANKS								
TOM JOE TROY JR WILLY								
TOTAL:						-	-	18.00

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
1.5	1.5 bpm	1,700.0	750.0

PRODUCTS USED

35sx 60/40 2%

Treater: Tom Goodner

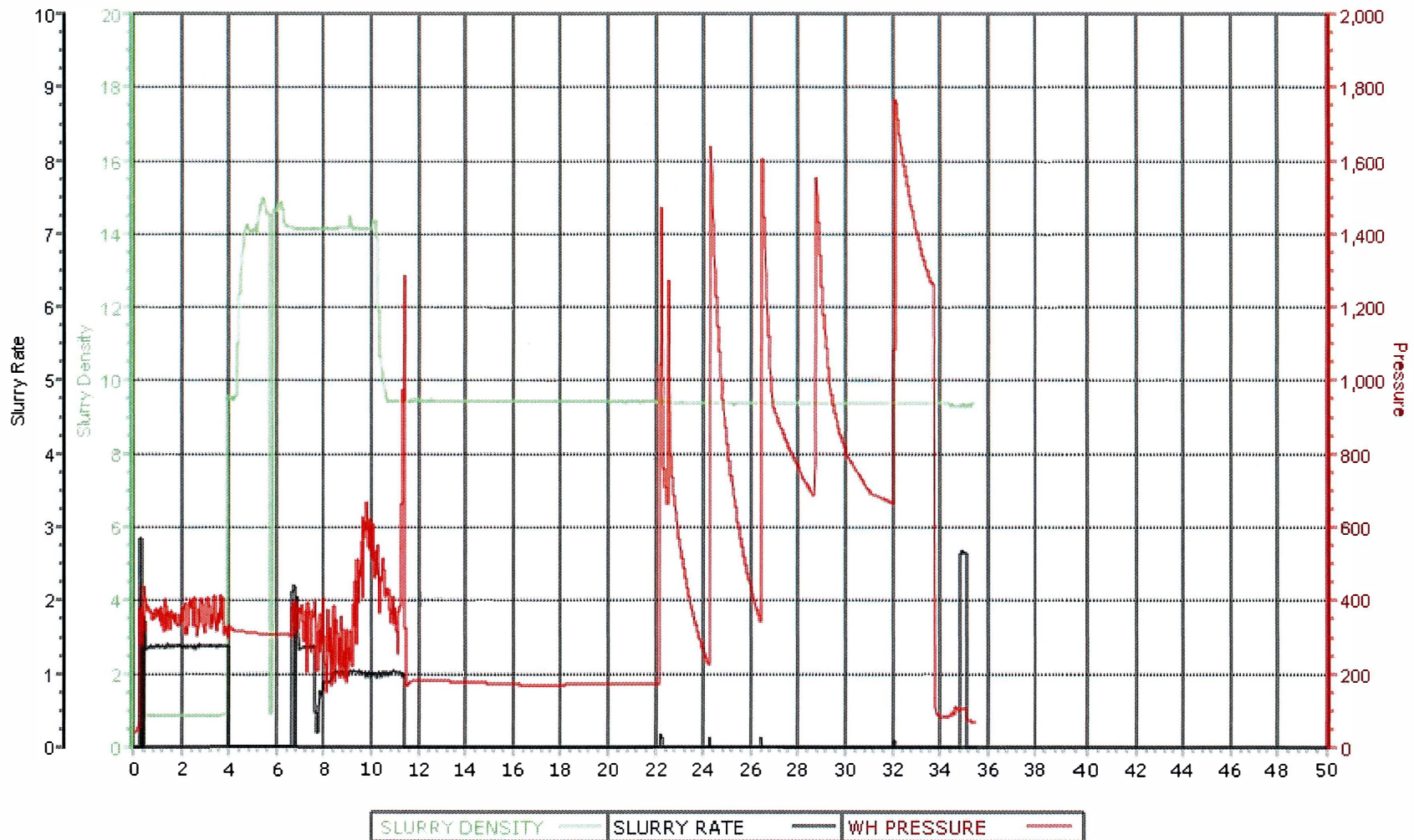
Customer: Patrick Development



Hurricane Services Inc.
250 North Water 200 Ste.
Wichita, Kansas

Customer Name:
Well Name: Hamond #6

HURRICANE SERVICES INC



Print
SetUp
Save
Exit

Treater: Tom Goodner

Start Date: 12-22-15

TREATMENT REPORT



HURRICANE SERVICES INC

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City, State:						
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Age of Well:		Liner Size:			
Packer Type:		Liner Top:			
Packer Depth:		Liner Bottom:			
Treatment Via:		Total Depth:			
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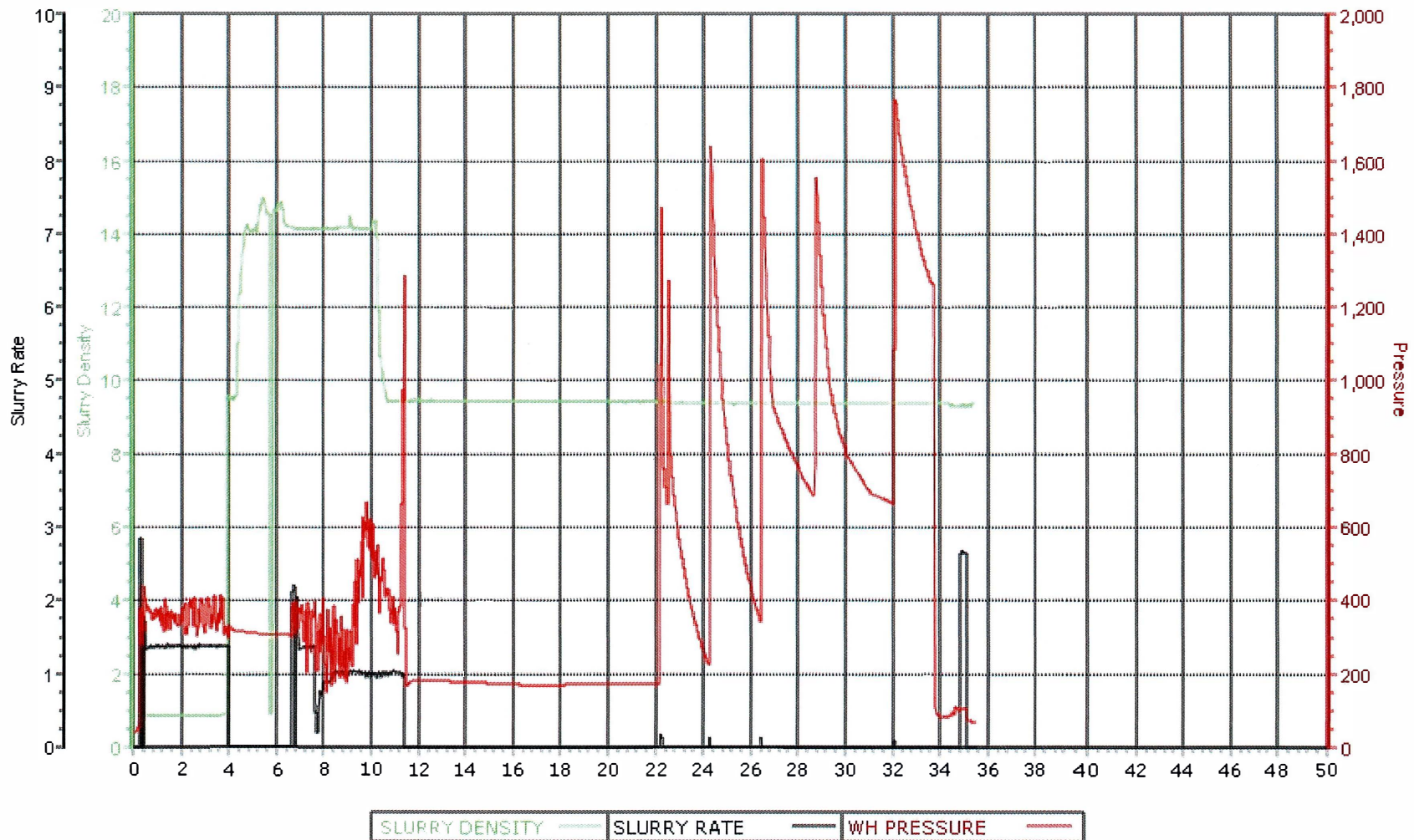
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Hurricane Services Inc.
250 North Water 200 Ste.
Wichita, Kansas

Customer Name:
Well Name: Hamond #6

HURRICANE SERVICES INC



Print
SetUp
Save
Exit

Treater: Tom Goodner

Start Date: 12-22-15

Hurricane Services, Inc.
 104 Prairie Plaza Parkway
 Garnett, KS 66032
 Office # 785-448-3100
 Toll Free # 855-718-8027



Ticket **No 50753**
 Location _____
 Foreman _____

Hammond #6

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
Customer		Mailing Address	City	State Zip

Job Type:	Truck #	Driver
Hole Size:	Casing Size:	Displacement:
Hole Depth:	Casing Weight:	Displacement PSI:
Bridge Plug:	Tubing:	Cement Left in Casing:
Packer:	PBTD:	

Quantity Or Units	Description of Services or Product	Pump charge
	Mileage	\$3.25/Mile
<i>WOTB</i>		
Tons	Bulk Truck	\$1.15/Mile
	Plugs	
		Subtotal
		Sales Tax
		Estimated Total

Remarks:

