

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1312795

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



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

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer: Cross Bar Energy, LLC		Customer Name:		Ticket No.: 100755	
Address:		APE No.:		Date: 7/26/2016	
City, State, Zip:		Job type: Plug To Abandon			
Service District: Madison		Well Details: 7" casing			
Well name & No.: Hillman # 10		Well Location: 35-23-11e		County: Greenwood	State: Kansas
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver
201	Jerry				
203	Kevin				
30	Brad				
TRUCK CALLED					
ARRIVED AT JOB					
START OPERATION					
FINISH OPERATION					
RELEASED					
MILES FROM STATION TO WELL					

Treatment Summary

Rig up to tubing set @ 827', pumped 15 Bbls gel ahead, spot 25 sks cement. Pull tubing up to 158', break circulation with fresh water, mixed 47 sks cement with good cement returns. Pull tubing out of well, filled casing back up with cement. 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	\$472.50
c20301	Cement Bulk Truck - Minimum	ea	1.00	\$300.00	\$300.00	\$210.00
p01603	60/40 Pozmix Cement	sack	72.00	\$12.00	\$864.00	\$604.80
p01607	Bentonite Gel	lb	248.00	\$0.30	\$74.40	\$52.08
p01607	Bentonite Gel	lb	300.00	\$0.30	\$90.00	\$63.00

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: \$ 2,003.40		Net: \$ 1,402.38	
Total Taxable	\$ 719.88	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:	\$ 51.47
Total:		\$	1,453.85

Date of Service: **7/26/2016**

HSI Representative: **Brad Butler**

Customer Representative: