



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

KANSAS CORPORATION COMMISSION 1312980
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

3613A Y Road
 Madison, KS 66860
 Ph: 620-437-2661
 Fax: 620-437-2881



HURRICANE SERVICES INC

cc: Robbie

104 Prairie Plaza Parkway
 Garnett, KS 66032
 Ph: 785-448-3100
 Fax: 785-448-3102

FED ID# 48-1214033
 MC ID# 165290

Remit to: Hurricane Services, Inc.
 250 N. Water, Suite 200
 Wichita, KS 67202

Customer:

CROSS BAR ENERGY, LLC
 1700 N WATERFRONT PKWY
 BLDG 300 SUITE A
 WICHITA, KS 67206

Invoice Date: 7/28/2016
 Invoice #: 0023152
 Lease Name: BURKETT
 Well #: E-26
 County: GREENWOOD

Date/Description	HRS/QTY	Rate	Total
Ticket 100759 Plug to Abandon	0.000	0.000	0.00
Pump truck #201	1.000	675.000	675.00
Heavy Eq mileage one way	15.000	3.250	48.75
Light Eq mileage one way	15.000	1.500	22.50
Bulk truck 203	1.000	300.000	300.00
Bentonite Gel	760.000	0.300	228.00
Cement Pozmix 60/40	76.000	12.000	912.00 T
Bid price	1.000	273.600-	273.60-T
Bid price	1.000	382.270-	382.27-

Lease BURKE
 Well # E26
 Desc. E26; Cmt to Plug
 Acct # 4050-92

Net Invoice 1,530.38
 Sales Tax: (7.50%) 47.88
Total 1,578.26

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

WE APPRECIATE YOUR BUSINESS!