



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

KANSAS CORPORATION COMMISSION 1315493  
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



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

**HURRICANE SERVICES INC**

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	<b>AZTEC OIL COMPANY</b>				Customer Name:		Ticket No.:	<b>100779</b>		
Address:					AFE No.:		Date:	<b>8/24/2016</b>		
City, State, Zip:					Job type	<b>Plug To Abandon</b>				
Service District:	<b>Madison</b>				Well Details:	<b>4.5" casing</b>				
Well name & No.	<b>O.H. # 1</b>				Well Location:		County:	<b>Greenwood</b>	State:	<b>Kansas</b>
<b>Equipment #</b>	<b>Driver</b>	<b>Equipment #</b>	<b>Driver</b>	<b>Equipment #</b>	<b>Driver</b>	<b>TRUCK CALLED</b>			AM	TIME
<b>201</b>	<b>Jerry</b>					<b>ARRIVED AT JOB</b>			PM	
<b>203</b>	<b>Kevin</b>					<b>START OPERATION</b>			AM	
<b>108</b>	<b>Rick</b>					<b>FINISH OPERATION</b>			PM	
						<b>RELEASED</b>			AM	
						<b>MILES FROM STATION TO WELL</b>			PM	

**Treatment Summary**

Ran tubing into well to 2304', rig up to tubing, pumped 15 Bbls gel ahead, spot 15 sks cement. Pull tubing up to well to 914', rig up to tubing and pumped 10 Bbls gel ahead, spot 15 sks cement. Pull tubing up to 250', rig up to tubing and broke circulation with fresh water. Mixed cement till we had good cement returns. Pull tubing out of well, filled casing back up with cement. Rig up to casing, squeeze cement into well. Mixed with 13.5 Bbls = 82 sks cement on top plug. Job Complete wash up & tear down "Thank You"

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
c20103	Cement Pump	ea	1.00	\$675.00	\$675.00	\$540.00
c20301	Cement Bulk Truck - Minimum	ea	1.00	\$300.00	\$300.00	\$240.00
p01603	60/40 Pozmix Cement	sack	112.00	\$12.00	\$1,344.00	\$1,075.20
p01607	Bentonite Gel	lb	385.00	\$0.30	\$115.50	\$92.40
p01607	Bentonite Gel	lb	500.00	\$0.30	\$150.00	\$120.00
c10800	Vacuum Truck 80 bbl	ea	3.00	\$84.00	\$252.00	\$201.60

<b>TERMS:</b> 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.	<b>Gross:</b>		<b>\$ 2,836.50</b>	<b>Net:</b>	<b>\$ 2,269.20</b>	
	<b>Total Taxable</b>	<b>\$1,287.60</b>	<b>Tax Rate:</b>	<b>7.150%</b>	<del>Net</del>	
	Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		<b>Sale Tax:</b>	<b>\$ 92.06</b>	<b>Total:</b>	<b>\$ 2,361.26</b>

Date of Service:	<b>8/24/2016</b>
HSI Representative:	<b>Brad Butler</b>
Customer Representative:	

X \_\_\_\_\_  
 CUSTOMER AUTHORIZED AGENT  
**Customer Comments or Concerns:**