



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

KANSAS CORPORATION COMMISSION 1318095
 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

TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	Berentz Drilling Company Inc.	Date:	9/1/2016	908:		1288
Representative:	Darrel Walters					
Address:						
City, State:						
County, Zip:						

Field Order No.:	100662
Well Name:	Hawthorne SWD #1
Location:	Eureka
Formation:	
Type of Service:	PTA
Well Type:	SWD
Age of Well:	
Packer Type:	
Packer Depth:	
Treatment Via:	Yubing

Open Hole:	
Casing Depth:	2260'
Casing Size:	4 1/2
Tubing Depth:	2245
Tubing Size:	2 3/8
Liner Depth:	
Liner Size:	
Liner Top:	
Liner Bottom:	
Total Depth:	2245

Perf Depths (ft)	Perfs
Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
8:00 AM					Called Out			
9:45 AM					On Location With Trucks			
					Hold Safety Meeting			
					Spot & Set Up Trucks			
					Rig RTIO Tag @ 2260' +-			
					1 St Plug 2245'			
1:30: PM	3.0		250.0		Start Mix 3 Sacks Gel			9.00
	3.0		400.0		Start Mix 10 Sacks 60/40 4% Gel @ 13.8 #/Gal			2.53
	3.0		400.0		Start Displacement H2O			7.00
1:42 PM					Shut Down			
					2 Nd Plug @ 1230'			
2:16 PM	3.0		240.0		Start Mix 2 Sacks Gel			6.00
	3.0		300.0		Start Mix 15 Sacks 60/40 4% Gel @ 13.8 #/Gal			3.80
	3.0		350.0		Start Displacement H2O			3.00
2:22 PM					Shut Down			
					3 Rd Plug @ 250'			
2:45 PM	2.6		50.0		Start Pumping H2O Break Circulation			
					6 BBL'S Hole Circulating			
TOTAL:						-	-	54.09

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
3.0	2.7	400.0	232.2

PRODUCTS USED

130 Sacks 60/40 4%Gel 500 Lb's Gel

Treater: Todd Seba

Customer: Darrel Walters

