

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

KANSAS CORPORATION COMMISSION 1349546
 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:	Oil Producers Inc. Of Ks.	Date:	2/22/2017	Ticket No.:	100722
Field Rep:	Jordan				
Address:					
City, State:					
County, Zip:					

Field Order No.:	100722
Well Name:	Masner # 1-23
Location:	Attica
Formation:	
Type of Service:	PTA
Well Type:	Oil
Age of Well:	Old
Packer Type:	
Packer Depth:	
Treatment Via:	Tubing

Open Hole:	
Casing Depth:	4350' CIBP
Casing Size:	4.5 10.5#
Tubing Depth:	1196'
Tubing Size:	2 3/8
Liner Depth:	
Liner Size:	
Liner Top:	
Liner Bottom:	
Total Depth:	4350'

Perf Depths (ft)		Perfs
1,250.0	1,251.0	
800.0	801.0	
340.0	341.0	
Total Perfs		0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
6:30 AM					Called Out			
10:00 AM					On Location			
10:15 AM					Hold Safety Meeting Spot & Set Up Trucks			
11:00 AM					Hook Up To Tubing @ 1197'			
					1 st Plug @ 1250' 50 Sx Comon 3% C.C. 15 #/Gal			
11:05 AM	3.3			100.0	Start Mix & Pump Cement			
	3.3			350.0	Start Displacement H2O			11.93
11:15 AM					Shut Down Vac.			3.50
					PTOOH WOC 45 Min			
12:15 PM					Tag Cmt @ 1130'			
					2 nd Plug @ 800' 50 Sx Common 3% C.C. 15 #/Gal			
12:45 PM	3.0			400.0	Start Mix & Pump Cement			
	3.0			400.0	Start Displacement H2O			11.93
12:50 PM					Shut Down Vac.			1.50
					PTOOH WOC 45 Min			
1:56 PM					Tag Cmt @ 690			
					3 rd Plug @ 340'			
2:10 AM					Hook Up To Casing			
TOTAL:						-	-	58.69

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
3.3	3.2	400.0	250.0

PRODUCTS USED

Treater: Todd Seba

Customer: Jordan

