

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

KANSAS CORPORATION COMMISSION 1354477
 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

Customer O'Brien Energy	Lease No.	Date 1-29-17
Lease Hu 54	Well # 3-16	
Field Order # 14312	Station Pratt	Casing 8 5/8
		Depth 1490
Type Job Z 412	8 5/8 surface	Formation
		Legal Description 16-33-30

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size: 8 5/8	Tubing Size	Shots/Ft		Acid 375 gal	RATE	PRESS	ISIP	
Depth 1490	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 940	Volume	From	To	Pad	Min		10 Min.	
Max Press 800	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 1447.97	Packer Depth	From	To	Flush 91.8	Gas Volume		Total Load	

Customer Representative Roger Pearson	Station Manager David Scott	Treater Mike Martin
Service Units	86531	82941
River Names	MA	HAN
Time	9:30	4:20

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:30					ON location / Safety meeting
4:20					Run 8 5/8 24' casing 42.88' show 7'
					Good show. Fluid 200. 1000 valve seats on 13.5
6:00					Chasing on bottom
6:05					Look to casing / Break out w. key
6:33	200		3	3	Run 3 bbl water
6:54	300		197	5.5	Mix 375 gal Acid @ 11.4 ipg
7:14	350		36	5	mix 150 gal permit @ 14.8 ipg
7:28					Release plug
7:30	200			4.5	Start viscosity
7:45	400		82	3	slow rate
7:50	700		92	-	Plug down, release + hold
					40 bbls cut 75 ft
					JOB COMPLETE
					THANK YOU!
					Mike Martin
					Josh + David



BASIC
ENERGY SERVICES

Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

PRESSURE PUMPING

Job Log

Customer:	O'BRIEN ENERGY	Cement Pump No.:	38119-19570	Operator TRK No.:	78939
Address:		Ticket #:	1718-14247 L	Bulk TRK No.:	70897-19578
City, State, Zip:		Job Type:	Z-41 PTA		
Service District:		Well Type:	OIL		
Well Name and No.:	HUSH 3-16	Well Location:	16-33-30	County:	MEADE
				State:	KS

Type of Cmt	Sacks	Additives	Truck Loaded On		
60/40 POZ	160	4%GEL	70897-19578	Front	Back
				Front	Back
				Front	Back

Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
Lead:	13.5	1.5	7.5	240	Man Hours:	6
Tail:					# of Men on Job:	3

Time	Volume (BBLS)	Pumps		Pressure(PSI)		Description of Operation and Materials
		T	C	Tubing	Casing	
8:00						ON LOC, SAFTEY MTG, R.U.
10:53	4	10		150		H2O SPACER
10:58 AM	4	13.35		180		MIX 50 SX@ 1515'
11:03 AM	4	3.5		50		H2O SPACER
11:05 AM	8	14		70		MUD DISPLACEMENT
11:44	4	15		140		H2O SPACER
11:49	4	10.7		150		MIX 40 SX @ 650'
11:52 AM	4	3.5		50		H2O SPACER
13:09	2	5				PLUG @ 60' W/ 20SX
13:15						PLUG R&M W/50 SX
						JOB COMPLETE
						THANK YOU FOR YOUR BUSINESS!!!!

Size Hole	Depth			TYPE	
Size & Wl Csg.	Depth		New / Used	Packer	Depth
lbg.	Depth			Retainer	Depth
Top Plugs	Type			Perfs	CIBP

Customer Signature: *Roger Pearson*

Basic Representative: *Cheryl Hinz*

Basic Signature: *[Signature]*

Date of Service: *2/7/17*