

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

KANSAS CORPORATION COMMISSION 1358099
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



HURRICANE SERVICES INC

Customer:	Viking Resources Inc.	Date:	6/20/2017	Ticket No.:	100755
Field Rep:	Shawn Devlin				
Address:					
City, State:					
County, Zip:					

Field Order No.:	100755	Open Hole:		Perf Depths (ft)	Perfs
Well Name:	Probasco #4 SWD	Casing Depth:		1,420.0	1,450.0
Location:	Damar	Casing Size:	4 1/2 9.5 lb/Ft		
Formation:		Tubing Depth:			
Type of Service:	PTA	Tubing Size:			
Well Type:	SWD	Liner Depth:			
Age of Well:	Old	Liner Size:			
Packer Type:		Liner Top:			
Packer Depth:		Liner Bottom:			
Treatment Via:	Casing	Total Depth:	1450'		
				Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
6:30 AM					Called Out			
8:00 AM					On Location With Trucks			
					Hold Safety Meeting Spot & Set Up Trucks			
					Perfs 1420'-1450'			
8:30 AM					Hook Up To Casing			
8:45 AM	4.0		120.0		Start Pumping H2O			5.00
	4.0		250.0		Start Mix & Pump 20 Sk 60/40 4%Gel			5.06
	4.0		250.0		Start Mix & Pump 120 Sk 60/40 4%Gel W/600 Lb's Hulls			30.35
			-		Shut down Discuss Decide Keep Puming			
					Start Mix & Pump 40 Sk 60/40 4% Gel			10.12
			500.0		Psi Up Fell 100 psi Several Times			
					Psi Up Fell 350 Psi			
10:00 AM			350.0		Close Vavle On Casing			
					Wash Up Truck & Rack Up Truck			
					Off Location			
					Thank You			
					Please Call Again			
					Todd Tony Cody Darren			
TOTAL:						-	-	50.53

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
4.0	4.0	500.0	245.0

PRODUCTS USED

180 Sacks 60/40 4% Gel 600 Lb's Cotton Seed Hulls

Treater: Todd Seba

Customer: Shawn Devlin