

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

KANSAS CORPORATION COMMISSION 1361288
 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



REMIT TO
 QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston,TX 77210-4346

MAIN OFFICE
 P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice

Invoice#

810553

Invoice Date: 06/23/17

Terms: Net 30

Page 1

HARTMAN OIL CO, INC
 3545 W. Jones Avenue
 Garden City KS 67846
 USA
 6202772511

HM UNIT 1-11

81704

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0451	Cement Pump Charge 1501' - 3000'	1.000	1,900.0000	30.000	1,330.00
CE0002	Equipment Mileage Charge - Heavy Equipment	40.000	7.1500	30.000	200.20
CE0710	Cement Delivery Charge	1.000	903.0000	30.000	632.10
CC5829	Lite-Weight Blend V (60:40:4)	300.000	16.0000	30.000	3,360.00
CC6075	Celloflake	75.000	3.0000	30.000	157.50

Subtotal 8,114.00

Discounted Amount 2,434.20

SubTotal After Discount 5,679.80

Amount Due 8,541.13 If paid after 07/23/17

Tax: 298.99

Total: 5,978.79

NEW WELL
 DRILLED
 A

SCANNED
 6-27-17



87110
8311

TICKET NUMBER 51833
LOCATION Oakley KS
FOREMAN Jerry Y

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

INVOICE # 810553 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-21-17	3613	Hm unit 1-11	11	16s	35w	Osage
CUSTOMER Hartman Oil			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 3545 W. Jakes Avenue			731- Cory D			
CITY Gardencity			772-712 Seth O			
STATE KS			985/4 Steve O			
ZIP CODE 67846			639			

JOB TYPE Plug HOLE SIZE 7 7/8 HOLE DEPTH 4825 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on South Wind 8 plug as ordered with
300 sks liteblend 1/2" O.D. & 4" I.D. sks
50 sks @ 2520'
80 sks @ 1590'
50 sks @ 780'
50 sks @ 390'
20 sks @ 60'
20 sks misc hole
30 sks Rat hole

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900.00	1900.00
CE0002	40	MILEAGE	7.15	286.00
CE0710	12.9	fun mileage delivery	1.75	903.00
CC5829	300 sks	liteblend V (60/40 4% gal 1/4" #8)	16.00	4800.00
CC6075	75 #	flto seal	3.00	225.00
			subtotal	8114.00
			-30%	2434.20
			subtotal	5679.80
			SALES TAX	298.99
			ESTIMATED TOTAL	5978.79

AUTHORIZATION Ray Brown TITLE Doc User DATE 6-22-17

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.