

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

KANSAS CORPORATION COMMISSION 1368113
 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



energy services, L.P.

TREATMENT REPORT

Customer FG Hull	Lease No.	Date 9-19-17
Lease Hahn	Well # 3-33	
Field Order # 13307	Station Pratt	Casing 5 1/2
		Depth 2300
Type Job 2-41 Plug in Abandon	Formation	County Barton
		State MS
		Legal Description 33-205-126

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 2 7/8	Tubing Size	Shots/Ft		Acid 375 gal	60/40 P02	RATE	PRESS	ISIP
Depth 2300	Depth	From	To	Pre Pad 490 gal		Max		5 Min.
Volume 3.9	Volume	From	To	Pad		Min		10 Min.
Max Press 300	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative ADAM APLEY	Station Manager WESTMAN	Treater MATTAI
Service Units 81353	27463	19903
Driver Names MATTAI	MATTAI	1033

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:00					ON location / safety meeting / 1st plug 2300
10:45		50	2.5	3	Mix 100 gal 60/40 P02 w 200 gal color 500 gal
10:50		50	4	3	START DISPLACEMENT
					2nd plug @ 1350'
11:25		150	16.5	3	Mix 65 gal 60/40 P02
11:32		50	2.5	3	START DISPL.
					3rd plug @ 800'
		150		3	Mix 200 gal 60/40 P02
			50		can not see 1 8 1/2"
12:40					TOP OFF WELL WITH 10 gal 60/40 P02
					JOB COMPLETE
					THANK YOU!
					MIKE MATTAI
					E. DUNN + CO