

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

KANSAS CORPORATION COMMISSION 1372783
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.
 _____ 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



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	J.R. G. Petroleum	Customer Name:	JR Griffin	Ticket No.:	100826		
Address:	P.O. Box 149	Contractor:	Alliance Well # 10	Date:	10/31/2017		
City, State, Zip:	Medicine Lodge, Ks.	Job type:	PTA	Well Type:	Oil		
Service District:	Medicine Lodge, Ks.	Well Details:	Sec: 31	Twp:	31S	Re: 12W	
Well name & No.:	Tom #1	Well Location:	Med Lodge	County:	Barber	State:	Kansas
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TIME	
231	Cody					AM	11:30
163-250	Zach					PM	11:40
25	Brad					AM	12:25
28	Todd					PM	1:00
TRUCK CALLED							
ARRIVED AT JOB							
START OPERATION							
FINISH OPERATION							
RELEASED							
MILES FROM STATION TO WELL							5

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
C001	Heavy Equip. One Way	mi	10.00	\$3.25	\$32.50	\$19.18
C002	Light Equip. One Way	mi	5.00	\$1.50	\$7.50	\$4.43
C004	Minimum Ton Mile Charge	ea	1.00	\$300.00	\$300.00	\$177.00
C019	Cement Pump	ea	1.00	\$950.00	\$950.00	\$560.50
CP009	60/40 Pozmix Cement	sack	130.00	\$12.85	\$1,670.50	\$985.60
CP013	Bentonite Gel	lb	447.00	\$0.30	\$134.10	\$79.12
CP013	Bentonite Gel	lb	1,000.00	\$0.30	\$300.00	\$177.00

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Discount rate is based on 30 days net payment terms or cash.

DISCLAIMER NOTICE:

This technical data is presented in good faith, but no warranty is given by and H.S.I assumes no liability for advice or recommendations made concerning results to be obtained from the use of any product or service. The information presented is HSI best estimate of the actual results that may be achieved and should be used for comparison purposes and make no guarantee of future production performance. Customer warrants that well and all associated equipment in acceptable condition to receive services by H.S.I. Likewise, the customer will guarantee proper operational care of all customer owned production and associated equipment, while H.S.I. is on location performing services which could adversely affect the performance of such services. Authorization below acknowledges receipt and acceptance of all terms and conditions stated above.

X

[Signature]

Gross: \$ 3,394.60		Net: 2,999.41	
Total Taxable	\$ -	Tax Rate:	
Sale Tax: \$ -		Total: \$ 2,999.41	

Date of Service: 10/31/2017
 HSI Representative: Todd Seba

Customer Comments:
Pet on Loc
CHK # 1189

TREATMENT REPORT



HURRICANE SERVICES INC

Customer: J.R. G Petroleum	Date: 10/31/2017	Ticket No.: 100826
Field Rep: JR		
Address:		
City, State:		
County, Zip:		

Field Order No.:	100826
Well Name:	Tom #1
Location:	Med Lodge
Formation:	
Type of Service:	PTA
Well Type:	Oil
Age of Well:	Old
Packer Type:	
Packer Depth:	
Treatment Via:	Tubing

Open Hole:	
Casing Depth:	
Casing Size:	
Tubing Depth:	610'
Tubing Size:	2 3/8
Liner Depth:	
Liner Size:	
Liner Top:	
Liner Bottom:	
Total Depth:	

	Perf Depths (ft)	Perfs
Total Perfs		0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
11:00 AM					Called Out			
11:30 AM					On Location W/Trucks Hold Safety Meeting			
					Spot & Set Up Trucks			
					1 St Plug @ 610'			
11:40 AM	4.5		175.0		Start Mix & Pump 10 Sacks Gel			30.00
	4.5		175.0		Start Mix & Pump 50 Sacks 60/40 4% Gel			12.65
	4.5		175.0		Start Displacement H2O			1.60
11:50 AM					Shut Down PTOOH			
					2 nd Plug @ 310'			
12:03 PM	3.5		125.0		Mix & Pump 50 Sacks 60/40 4% Gel			12.65
	3.5		125.0		Start Displacement H2O			0.50
12:08 PM					Shut Down PTOOH			
					3 rd Plug @ 60'			
					Mix & Pump 30 Sacks 60/40 4% Gel			7.59
					Circulate Cement To Pit			
					Wash up truck & Rack up truck			
1:00 PM					Off Location			
					Thank You Please Call Again Todd Brad Cody zach			
TOTAL:						-	-	64.89

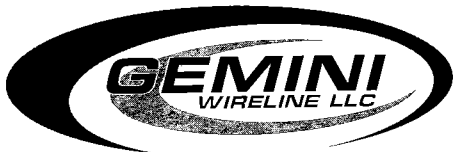
SUMMARY			
Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
4.5	4.1	175.0	155.0

PRODUCTS USED

130 Sacks 60/40 4% Gel 10 Sacks Gel on Side

Treater: Todd Soba

Customer:



TICKET
3486

1023 Reservation Road • Hays, Kansas 67601 • (785) 625-1182

Date 10-30-2017

Charge To: _____
 Address: _____
 Lease and Well No. Tom No. 1 Field _____
 Nearest Town Medicine Lodge County Barber State Kansas
 Customer's Order No. Verbal SR. Sec. 31 Twp. 31S Range 12W
 Zero 5' Agl used Casing Size 4.5" Weight 11.5#
 Customer's T.D. 4483 Gemini Wireline T.D. N/A Fluid Level _____
 Engineer A. Drexling Operator JIM C.

Perforations				
Code Reference	From	To	Number Of Holes	Amount

Truck Rental			
Code Reference	Unit	File Name	Amount
7100	<u>7922</u>		<u>1500⁰⁰</u>

Services					
Code Reference	From	To	No. Feet	Price Per Ft.	Amount
<u>501</u>	<u>0</u>	<u>4150</u>	<u>4150</u>	<u>min</u>	<u>1900⁰⁰</u>
<u>502</u>	<u>4.5"</u>	<u>CRBP</u>	<u>4150</u>		<u>900⁰⁰</u>
<u>505</u>	<u>Dump bucket Purlifiers</u>				<u>1000⁰⁰</u>
<u>608</u>	<u>p/card Bomb</u>				<u>2000⁰⁰</u>
				<u>\$ Book</u>	<u>7300⁰⁰</u>
				<u>\$ Bid</u>	<u>2250⁰⁰</u>
				<u>- 2 hrs systems</u>	<u>200⁰⁰</u>
Subtotal					
Tax					
TOTAL					

Material Inventory		
<u>130</u>	<u>80 PETN</u>	<u>1- Baker Sec.</u>
<u>1-</u>	<u>A 105 Det</u>	<u>1- Baker P/C No. 10 set</u>
<u>1-</u>	<u>Baker Primary</u>	

Thank you Alex

Received the above service according to the terms and conditions specified below, which we have read and to which we hereby agree.

Customer _____

General Terms and Conditions

- All accounts are to be paid within the terms fixed by Gemini Wireline invoices and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice. Interest, Attorney, Court, Filing and other fees will be added to accounts turned to collections.
- Because of the uncertain conditions existing in a well which are beyond the control of Gemini Wireline, it is understood by the customer that Gemini Wireline, cannot guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.
- Should any of Gemini Wireline instruments be lost or damaged in the performance of the operations requested the customer agrees to make every reasonable effort to recover same, and to reimburse Gemini Wireline, for the value of the items which cannot be recovered, or the cost of repairing damage to items recovered.
- It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees and customer hereby certifies that the zones, as shot were approved.
- The customer certifies that it has the full right and authority to order such work on such well and that the well in which the work is to be done by Gemini Wireline is in proper and suitable conditions for the performance of said work.
- No employee is authorized to alter the terms or conditions of this agreement.