

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

KANSAS CORPORATION COMMISSION
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# 811971

Invoice Date: 12/06/17

Terms: Net 30

Page 1

HARTMAN OIL CO, INC
 10500 E. Berkley Square Parkway, Ste. 100
 Wichita KS 67206
 USA
 316-636-2090

GOBLEMAN A-2

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0470	Cement Pump Charge 0' - 300' (Coalbed/Methane)	1.000	950.0000	30.000	665.00
CE0002	Equipment Mileage Charge - Heavy Equipment	65.000	7.1500	30.000	325.33
CE0710	Cement Delivery Charge	504.400	1.7500	30.000	617.89
CC5800A	Class A Cement - Sack	165.000	20.0000	30.000	2,310.00

Subtotal 5,597.45

Discounted Amount 1,679.24

SubTotal After Discount 3,918.21

Amount Due 5,849.90 If paid after 01/05/18

Tax: 176.72

Total: 4,094.94



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-491-9210 or 800-467-8676

No. 0481 P. 0

TICKET NUMBER 54972
LOCATION Oakley, KS
FOREMAN Miles Shaw

9653
9542

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 811971

US

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
12-4-17	3613	# Gobleman A-2	27	215	34W	Finner	
CUSTOMER Hartman Oil		Garden City N.W. 1/4 Sec 20		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 10500 E. Berkeley Square Parkway, Ste. 100		8W W-10		753	Travis W		
CITY Wichita		STATE KS	ZIP CODE 67206	5301-12	Seth O		

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT 15.4 SLURRY VOL 1.18 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and Rig up on well. Run in tubing to 830' land hole and took injection rate 12 bbls/min @ 1520 psi with packer set min 555# pressure to 1520 psi. Released packer pulled tube. Run back in with tubing open ended. Circulate cement with 100 sp. Pull tubing top off with 105x

Thanks Miles Shaw

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0470	1	PUMP CHARGE	950.00	950.00
CE0002	65	MILEAGE	7.15	464.75
CE071	7.76 Ton	Ton Mileage delivered	1.75	882.70
5800A	165 Sx	Class A Cement	20.00	3300.00
			Subtotal	5597.45
			Less 30% discount	1679.23
			Subtotal	3918.22
			SALES TAX	176.72
			ESTIMATED TOTAL	4094.94

Ravin 3737

AUTHORIZATION Kirk Taylor / Kent Strube

TITLE Pusher EMS

DATE 12/04/17

Received Time: Dec. 5, 2017 9:22AM No. 1751