

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.

(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



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# 811687

Invoice Date: 11/09/17 Terms: Net 30 Page 1

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

j7 land #11-1

*11/17
 CONSOLL
 180202
 81758*

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0471	Cement Pump Charge 301' - 500' (Coalbed/Methane)	1.000	1,150.0000	30.000	805.00
CE0002	Equipment Mileage Charge - Heavy Equipment	40.000	7.1500	30.000	200.20
CE0710	Cement Delivery Charge	432.400	1.7500	30.000	529.69
CC5871	Surface Blend II, 2% Gel/3% CaCl	230.000	24.0000	30.000	3,864.00

Subtotal 7,712.70
 Discounted Amount 2,313.81
 SubTotal After Discount 5,398.89

Amount Due 8,071.50 If paid after 12/09/17

Tax: 251.16
 Total: 5,650.05



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 10500 E. Berkley Square Parkway, Ste. 100 j7 land #11-1
 Wichita KS 67206
 USA
 316-636-2090

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

94de
9294

TICKET NUMBER 54914
 LOCATION Oakley Ks
 FOREMAN Jerry Y

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice # 811687
 Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-1-17	3613	J7 Land # 11-1	11	21s	36w	Kearney
CUSTOMER			TRUCK #		DRIVER	
MAILING ADDRESS			TRUCK #		DRIVER	
CITY			TRUCK #		DRIVER	
STATE			TRUCK #		DRIVER	
ZIP CODE			TRUCK #		DRIVER	

Jerry Y
14 miles
St. 100
Book 5
10500 E. Buckley Square Parkway
15.2
1.24
20 bbl
20'

REMARKS: Safety meeting on rig upon W/L/R circulate casing mix 230 sks
 con 3% CC 2% gel wash up & displace with 20 bbl & then circulate
 approx 5 bbl to pit

Cement did
circulate

Thank you
Jerry Y

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0471	1	PUMP CHARGE	1150.00	1150.00
CE0002	40	MILEAGE	7.15	286.00
CE0710	10.81	ton mileage delivery	1.75	756.70
4550 CC5871	230 sks	Surface blend II	24.00	5520.00
			Subtotal	7712.70
			-30%	2313.81
			Subtotal	5398.89
			SALES TAX	251.16
			ESTIMATED TOTAL	5650.05

SCANNED

Revin 3737
 AUTHORIZATION [Signature] TITLE [Signature] DATE _____

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.