

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

Scott Services, LLC

P.O. Box 250
Natoma, KS 67651

RECEIVED MAR 20 2018

INVOICE

Invoice # 1358
Invoice Date 3/12/2018

McCoy Petroleum Corporation
P.O. Box 39
Spivey, KS 67142

LEASE	Massier
WELL #	B #1
JOB	Plugging
COUNTY	Ellis

<i>PULLED</i>	<i>RAN BACK</i>
PUMP Pump Size: Insert pump Description: RODS Total: 146 x 3/4 Order of Run: SUBS Polished Rod Sub: Pump Sub: 2' x 3/4 Polished Rod: 22 x 1 1/4 TUBING Total Joints: 113 Size/Thread: 2 3/8 Order of Run: Tubing Subs: Mud Anchor: 3' perforated sub	PUMP Pump Size: Description: RODS Total: Order of Run: SUBS Polished Rod Sub: Pump Sub: Polished Rod: TUBING Total Joints: Size/Thread: Order of Run: Tubing Subs:

DATE	QTY.	DESCRIPTION	RATE	AMOUNT
3/8/2018	4	Drove to location. Rigged up, pulled rods in singles, pulled 75 joints of tubing	165.00	\$ 660.00
3/8/2018	1.5	Drive time.	100.00	150.00
3/9/2018	8	Drove to location. Finished pulling tubing. Ran tubing into 3638', H S I pumped 75 sacks of cement 60/40 POS, 14 sacks gel, and 300# of Hulls. Pulled tubing, topped of with 20 sacks, pumped 20 sacks down Braden head. Rigged down, cleaned up location. Rigged down.	165.00	1,320.00
3/9/2018	1.5	Drive time.	100.00	150.00
	1	Pipe dope.	46.52	46.52
		Sales Tax Rate	7.00%	
	5	Wash gas.	2.39	11.95
			Sub-Total	2,338.47
			Sales Tax	162.86
			TOTAL	\$ 2,501.33

All Charges are due within 30 days of invoice date. Overdue balances will be assessed a 1.5% per month finance charge. Thank You!

DLK

TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	McCoy Pet Corp.	Date:	3/9/2018	Ticket No.:	100888
Field Rep:	Dave Oller				
Address:					
City, State:					
County, Zip:					

Field Order No.:	100888	Open Hole:		Perf Depths (ft)		Perfs
Well Name:	Massier B #1	Casing Depth:		3706'	3616'	4
Location:	Hays	Casing Size:	5 1/2 14 LB	3678'	3682'	
Formation:		Tubing Depth:	3638'			
Type of Service:	PTA	Tubing Size:	2 3/8			
Well Type:	Oil	Liner Depth:				
Age of Well:	Old	Liner Size:				
Packer Type:		Liner Top:				
Packer Depth:		Liner Bottom:				
Treatment Via:	Tubing	Total Depth:				
				Total Perfs		4

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
5:00 AM					Called Out			
9:15 AM					On Location W/Trucks Hold Safety Meeting			
					Spot & Set Up Trucks			
					1 St Plug @ 3709' 14 Sx Gel 50 Sx60/40 4% Gel			
9:38 AM	4.5		100.0		Start Pumping H2O			8.00
	4.0		600.0		Start Mix & Pump 14 Sx Gel			42.00
	4.0		750.0		Start Mix & Pump 75 sx 60/40 4%Gel W/300 Lb's Hulls			18.97
	4.0		650.0		Start Displacement H2O			2.00
10:00 AM					Shut Down PTOOH			
					2 nd Plug @ 1839'			
10:37 AM	3.5		350.0		Mix & Pump 194 Sx 60/40 4% Gel W/200 LB's Hulls			49.00
					Circulate Cement To Pit			
10:50 AM					Shut Down PTOOH			
11:51 AM					Top Off 51/2 20 Sacks			5.05
11:55 AM					Top Off 85/8 20 Sacks			5.06
					Wash Up Truck & Rack Up Truck			
12:30 PM					Off Location Thank You Please Call Again			
Todd Codt devin								
TOTAL:						-	-	130.08

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
4.5	4.0	750.0	490.0

PRODUCTS USED

309 Sacks 60/40 4%Gel 14Sacks Gel On Side 500 Lb's Hulls

Treater: Todd Seba

Customer: Dave Oller



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

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer:	McCoy Petroleum Corporation		Customer Name:	Dave Oller		Ticket No.:	100888		
Address:	P.O. Box 39		Contractor:	Scott Services		Date:	3/9/2018		
City, State, Zip:	Spivey, Ks. 67142		Job type:	PTA		Well Type:	Oil		
Service District:	Great Bend, Ks		Well Details:	Sec:	17	Twps:	12S	R:	18W
Well name & No.:	Massier B #1		Well Location:	Hays	County:	Ellis	State:	Kansas	
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TRUCK CALLED		AM PM	TIME
230	Cody					ARRIVED AT JOB		AM PM	9:15
176-260	Devin	Joe				START OPERATION		AM PM	9:38
28	Todd					FINISH OPERATION		AM PM	
						RELEASED		AM PM	
						MILES FROM STATION TO WELL			15

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
C001	Heavy Equip. One Way	mi	30.00			
C002	Light Equip. One Way	mi	15.00			
C004	Minimum Ton Mile Charge	ea	1.00			
C019	Cement Pump	ea	1.00			
CP010	60/40 Pozmix Cement	sack	309.00			
CP016	Bentonite Gel	lb	1,063.00			
CP016	Bentonite Gel	lb	1,400.00			
CP022	Hulls (40#)	sack	12.50			

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 ½% 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.

Gross: \$	
Total Taxable	\$ -
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.	

Date of Service: _____

HSI Representative: _____

Customer Comments:

X _____
 CUSTOMER AUTHORIZED AGENT