

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

RECEIVED MAR 20 2018

INVOICE

P.O. Box 250
Natoma, KS 67651

Invoice # 1356
Invoice Date 3/12/2018

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

LEASE	Dreiling
WELL #	1
JOB	Plugging
COUNTY	Ellis

PULLED	RAN BACK
PUMP Pump Size: Insert pump Description: RODS Total: 144 x 3/4 Order of Run: SUBS Polished Rod Sub: 4', 2-6' x 3/4 Pump Sub: 2' x 3/4 Polished Rod: 22' x 1 1/4 TUBING Total Joints: 121 Size/Thread: 2 3/8 Order of Run: Tubing Subs: Mud Anchor: 15' x 2 3/8	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
3/7/2018	10	Drove to location. Rigged up, pulled rods, layed out on trailer. Pulled tubing it was scaley. Ran tubing into 3709'. H S I pumped 50 sacks cement 14 sacks of gel and 300# of Hulls. Pulled tubing up to 1839'. H S I pumped 190 sacks of cement, 200# of Hulls. Pulled tubing out of hole, topped off with 20 sacks of cement, Braden head took 10 sacks of cement.	165.00	\$ 1,650.00
3/7/2018	1.5	Drive time.	100.00	150.00
3/8/2018	3.5	Drove to location. Rigged down, cleaned up location. Moved off.	165.00	577.50
3/8/2018	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	2,585.97
			Sales Tax	180.18
			TOTAL	\$ 2,766.15

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

Doc

TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	McCoy Pet Corp.	Date:	3/7/2018	Ticket No.:	100886
Field Rep:	Dave Oller				
Address:					
City, State:					
County, Zip:					

Field Order No.:	100886	Open Hole:		Perf Depths (ft)		Perfs
Well Name:	Dreiling A #1	Casing Depth:		3782'	3800'	4
Location:	Hays	Casing Size:	5 1/2 14 LB			
Formation:		Tubing Depth:	3709'			
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				
11:00 AM					Called Out			
1:30 PM					On Location W/Trucks Hold Safety Meeting			
					Spot & Set Up Trucks			
					1 St Plug @ 3709' 14 Sx Gel 50 Sx60/40 4% Gel			
3:15 PM	4.0		110.0		Start Pumping H2O			8.00
	3.1		600.0		Start Mix & Pump 14 Sx Gel			42.00
	3.1		750.0		Start Mix & Pump 50 sx 60/40 4%Gel			12.65
	3.8		500.0		Start Displacement H2O			2.00
3:38 PM					Shut Down PTOOH			
					2 nd Plug @ 1839'			
4:38 PM	3.5		350.0		Mix & Pump 190 Sx 60/40 4% Gel			48.05
					Circulate Cement To Pit			
4:53 AM					Shut Down PTOOH			
6:25 PM					Top Off 51/2 20 Sacks			
6:30 PM					Top Off 85/8 10 Sacks			
					Wash Up Truck & Rack Up Truck			
7:00 PM					Off Location Thank You Please Call Again			
					Todd Codt devin			
TOTAL:						-	-	112.70

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
4.0	3.5	750.0	462.0

PRODUCTS USED

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

Treater: Todd Seba

Customer: Dave Oller