

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

TREATMENT REPORT



HURRICANE SERVICES INC

Customer: Coral Coast Petroleum	Date: 4/26/2018	Ticket No.: 100909
Field Rep: Barry Walters		
Address: 800 E 22nd st No. Bldg 600 STE 600		
City, State: Wichita, Kansas		
County, Zip: 67226		

Field Order No.:		Open Hole:		Perf Depths (ft)		Perfs
Well Name: Harden #2		Casing Depth: 1090'		1,090.0	1,092.0	2
Location: Clark, county		Casing Size: 5.5"				
Formation:		Tubing Depth: 1075"		650.0	652.0	
Type of Service: Plug to abandon		Tubing Size: 2 7/8				
Well Type: oil		Liner Depth:				
Age of Well:		Liner Size:				
Packer Type:		Liner Top:				
Packer Depth:		Liner Bottom:				
Treatment Via:		Total Depth:				
				Total Perfs		2

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
8:00 AM					Depart shop for location			
9:30 AM					Arrive on location			
10:00 AM					Safety meeting			
10:30 AM					Rig up equipment			
10:45 AM					Water truck loads hole with 117 bbls of fresh water			
11:30 AM	0.5		500.0		Pressure test 5.5" casing			3.00
11:45 AM					Wireline shoots holes at 1090'			
12:22 PM	2.3		40.0		Establish injection rate			6.00
12:30 PM					Rig runs in hole with 1075' tubing			
1:42 PM	3.3		40.0		Mix and pump 50 sacks of 60/40 Poz at 13.8ppg			12.60
2:20 PM					Wireline perfs holes at 650'			
2:30 PM	3.3		60.0		Pump water ahead to break circulation			5.00
2:50 PM	3.3		200.0		Mix and pump 230 sacks of 60/40 Poz at 13.8ppg			58.20
3:20 PM					Good cement was seen at surface and verified by State reprsenative			
3:45 PM					Rig down and wash up equipment			
TOTAL:						-	-	84.80

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
3.3	2.5	500.0	168.0

PRODUCTS USED

--

Treater: Glen Fisher

Customer: _____



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

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	Coral coast Petroleum		Customer Name:	Barry Walters		Ticket No.:	100909		
Address:	8100 E 22nd St No. Bldg 600 ste R		AFE No.:			Date:	4/26/2018		
City, State, Zip:	Witchita, KS 67226		Job type	Plug to abandon					
Service District:	Medicine Lodge, KS		Well Details:	Oil					
Well name & No.	Harden #2		Well Location:	Sitka	County:	Clark	State:	Kansas	
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TRUCK CALLED		AM PM	8:00
230	Joe					ARRIVED AT JOB		AM PM	9:30
242	Devin					START OPERATION		AM PM	12:00
73	Glen					FINISH OPERATION		AM PM	15:30
23	Dane					RELEASED		AM PM	15:45
MILES FROM STATION TO WELL									73

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
C001	Heavy Equip. One Way	mi	148.00	\$3.25	\$474.50	\$379.60
C002	Light Equip. One Way	mi	73.00	\$1.50	\$109.50	\$87.60
C004	Minimum Ton Mile Charge	ea	912.50	\$1.30	\$1,186.25	\$949.00
C019	Cement Pump	ea	1.00	\$950.00	\$950.00	\$760.00
CP010	60/40 Pozmix cement	sack	289.00	\$12.85	\$3,598.00	\$2,878.40
CP016	Bentonite Gel (10-100 lb sacks)	lb	1,000.00	\$0.30	\$300.00	\$240.00
CP022	Hulls (40#)	sack	1.00	\$30.00	\$30.00	\$24.00

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

X _____
CUSTOMER AUTHORIZED AGENT

Gross:		\$ 6,648.25	Net:	\$ 5,318.60
Total Taxable	\$ -	Tax Rate:		
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		Sale Tax:	\$ -	
		Total:	\$ 5,318.60	
HSI Representative: Glen Fisher				
Customer Comments:				

