

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: Blake Exploration LLC	Date: 8/28/2018	Ticket #: ICT1327
Field Rep: Mike Davignon		
Address: PO Box 150		
City, State: Bogue, KS		
County, Zip: 67625		

Field Order No.:		Open Hole:		Perf Depths (ft)	Perfs
Well Name:	Riner Kronberger #2	Casing Depth:			
Location:		Casing Size:	5.5#		
Formation:		Drill pipe depth:	3523		
Type of Service:	Cement	Drill pipe size:	2 3/8"		
Well Type:	Oil	Liner Depth:			
Age of Well:	New	Liner Size:			
Packer Type:		Liner Top:			
Packer Depth:		Liner Bottom:			
Treatment Via:		Total Depth:			
				Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
8:20 AM					Arrive on location			
8:30 AM					Safety meeting			
8:45 AM					Rig up equipment			
					Perfs at 4457'-4467'			
9:30 AM	2.6		50.0		Pump 50 sacks at 13ppg, with 360 pounds of hulls			10.00
9:50 AM	2.6		90.0		Pump 700 pounds of gel			17.50
10:00 AM	2.6		50.0		Pump 150 sacks at 13ppg			30.00
10:28 AM	0.7		10.0		Pump 15 sacks at 13ppg			3.00
10:40 AM	0.7		300.0		Pump down 8 5/8" 15 sacks at 13ppg			3.00
10:51 AM	0.7		10.0		Pump 20 sacks at 13ppg			4.00
					Let sit go to next well			
					Wash up equipment			
					Depart location for other location			
2:35 PM					Arrive oith n location			
2:53 PM	1.0		10.0		Top off with 50 sacks at 13ppg			10.00
3:30 PM					Depart location			
TOTAL:						-	-	77.50

SUMMARY			
Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
2.6	1.6	300.0	74.3

PRODUCTS USED

Pumped 300 sacks 60/40 poz with 4% gel, 700 pounds gel, 200 hulls

Treater: Glen Fisher

Customer: _____