

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

3613A Y Road
Madison, KS 66860
Ph: 620-437-2661
Fax: 620-437-2881



104 Prairie Plaza Parkway
Garnett, KS 66032
Ph: 785-448-3100
Fax: 785-448-3102

FED ID# 48-1214033
MC ID# 165290

Remit to: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202

Customer:
CARMEN SCHMITT INC
PO BOX 47
GREAT BEND, KS 67530-0047

Invoice Date: 10/4/2018
Invoice #: 0040345
Lease Name: Carpenter
Well #: 1-17
County: Thomas

Date/Description	HRS/QTY	Rate	Total
ICT1447 PTA	0.000	0.000	0.00
Heavy Eq mileage	70.000	2.600	182.00
Light Eq Mileage	35.000	1.200	42.00
Ton Mileage one way	719.000	1.040	747.76
Cement Pump 230	1.000	760.000	760.00
Cement Pozmix 60/40	450.000	10.280	4,626.00
Bentonite Gel	2,548.000	0.240	611.52
Hulls	15.000	12.400	186.00

7/10/43
19107.0117
Well file
Cement to plug well

Net Invoice 7,155.28
Sales Tax: 320.77
Total 7,476.05

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

WE APPRECIATE YOUR BUSINESS!

250 N. Water St., Suite #200
Wichita, KS 67202



HURRICANE SERVICES INC

Customer	Carmen Schmitt	Lease & Well #	Carpenter 1-17	Date	10/4/2018			
Service District	Oakley, KS	County & State	Thomas	Legals S/T/R	17-6-35			
Job Type	PTA	<input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	New Well? <input type="checkbox"/> YES <input type="checkbox"/> No	Job #				
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures						
230	Paul	<input type="checkbox"/> Hard hat	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging			
180	Lupe	<input type="checkbox"/> H2S Monitor	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection			
26	Dane	<input type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations			
	Travis	<input type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Muster Point/Medical Locations			
	Zach	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below				
Comments								
All cement and chemicals came from Oakley, KS service center								
Product/ Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount	
C001	Heavy Equip. One Way	mi	70.00	\$3.25			\$182.00	
C002	Light Equip. One Way	mi	36.00	\$1.50			\$42.00	
C003	Ton Mileage - One way	mi	719.00	\$1.30			\$747.76	
C019	Cement Pump	ea	1.00	\$950.00			\$780.00	
CP009	60/40 Pozmix Cement	sack	450.00	\$12.85			\$4,626.00	
CP016	Bentonite gel	lb	2,648.00	\$0.30			\$611.52	
CP022	Colton seed hulls	sack	15.00	\$15.50			\$186.00	
Customer Section: On the following scale how would you rate Hurricane Services Inc.?					Gross:	\$8,944.10	Net:	\$7,155.28
Based on this job, how likely is it you would recommend HSI to a colleague?					Total Taxable	\$ -	Tax Rate:	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Extremely Likely Unlikely					State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.		Sale Tax:	\$ -
							Total:	\$ 7,155.28
					HSI Representative: <i>Dane Retzlaff</i>			

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 shall 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. In the event it is necessary to employ an agency and/or attorney to affect the collection, 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 discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is 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 related price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X *Mura Aug*

CUSTOMER AUTHORIZATION SIGNATURE

TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	Carmen Schmitt	Date:	10/4/2018	Ticket #:	ICT1447
Field Rep:	Marlin				
Address:					
City, State:					
County, Zip:					

Field Order No.:		Open Hole:		Perf Depths (ft)	Perfs
Well Name:	Carpenter 1-17	Casing Depth:			
Location:	Thomas KS	Casing Size:			
Formation:		Tubing Depth:	4530		
Type of Service:	Cement	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:	Cement	Total Depth:			
				Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
10:45 AM					Arrive			
10:50 AM					Safety Meeting			
10:55 AM					Rig up			
11:45 AM	5.0		350.0		Mix 1000 lbs of Gel			
11:55 AM	5.5		250.0		Mix 65 sks 60/40 4% gel at 1.41 Yield at 4530 ft			16.32
12:00 PM	3.5		200.0		Displace			12.00
12:05 PM					Rig pulls tubing			
12:45 PM	5.0		450.0		Mix 145 sks 60/40 4% gel with 250 lbs of hulls at 2970 ft			36.41
12:50 PM	3.0		350.0		Displace			8.00
12:55 PM					Rig pulls tubing			
1:25 PM	4.0		480.0		Mix 170 sks 60/40 4% gel with 100 lbs of hulls at 1484 ft			36.41
1:50 PM					Rig pulls tubing			
2:50 PM	1.0		25.0		Top off well with 15 sks			5.02
3:00 PM	7.0		350.0		Pump 45 sks down surface pipe			11.30
3:10 PM					Wash up			
3:15 PM					Rig down			
3:30 PM					Depart			
TOTAL:						-	-	125.46

SUMMARY			
Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
7.0	4.3	480.0	306.9

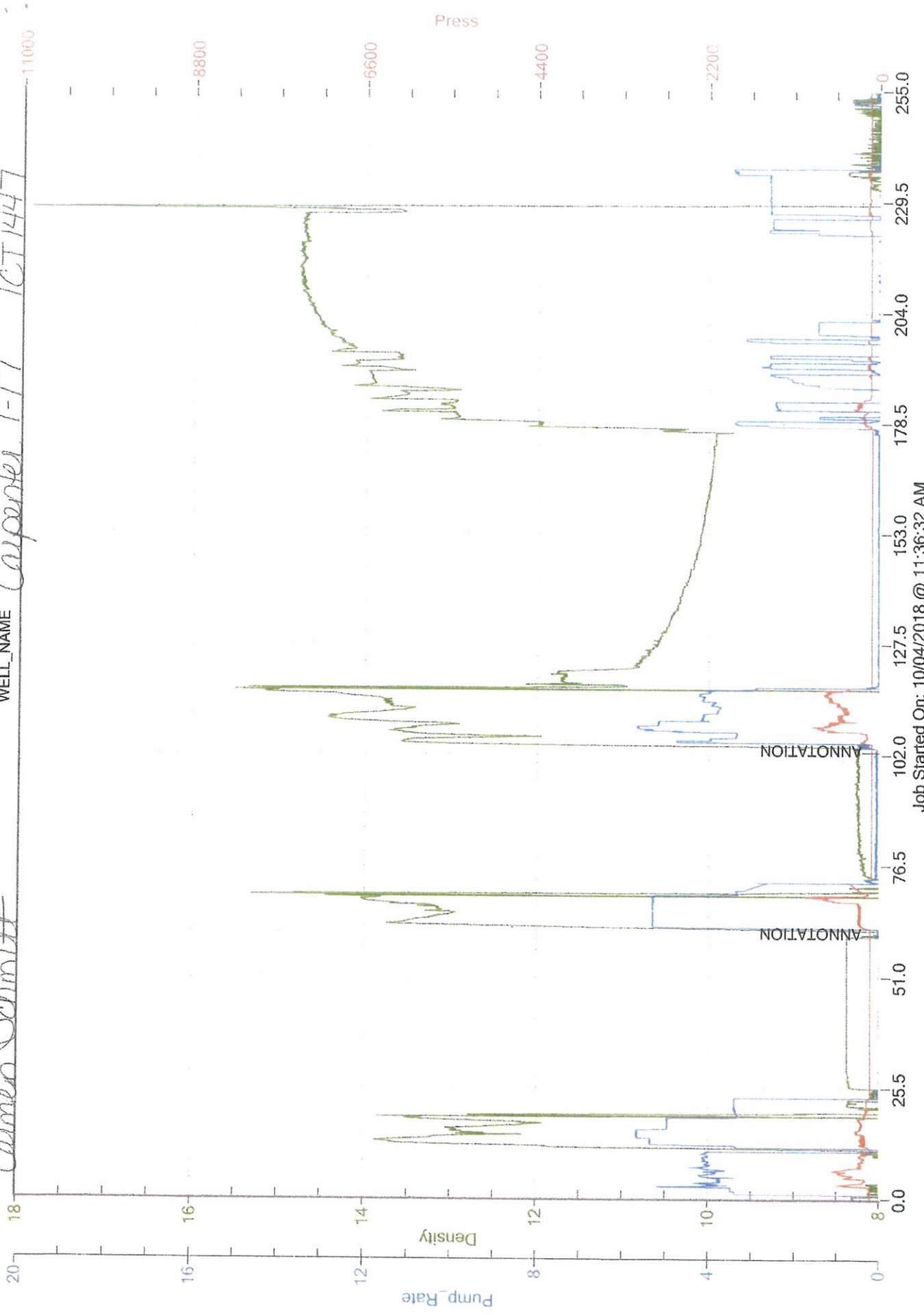
PRODUCTS USED

440 sks 60/40 poz mix 4% gel 100 lbs of gel 15 sks of hulls

Treater: Dave Retzlaff

Customer: Marlin

CUSTOMER
WELL_NAME
Cameron Schmitt *Carpenter 1-17* *ICT1447*



Job Started On: 10/04/2018 @ 11:36:32 AM