

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



HURRICANE SERVICES INC

Customer	Russell Oil Inc		Lease & Well #	Rumback B 21-2		Date	8/8/2018		
Service District	Oakley, KS		County & State	Logan, KS		Legal Strat	21-11S-32W		
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							Ticket #
163/250	Lupe	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging				
230	Travis	<input type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection				
74	Glen	<input type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations				
	Paul	<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 checked="" type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below					
Comments									
All cement and chemicals delivered from the Oakley, KS service center									

Product Service Code	Description	Unit of Measure	Quantity	Net Amount
C001	Heavy Equip. One Way	mi	10.00	\$27.63
C002	Light Equip. One Way	mi	5.00	\$6.38
C003	Ton Mileage - One way	mi	53.80	\$69.46
C019	Cement Pump	ea	1.00	\$807.50
CP010	60/40 Pozmix Cement	sack	240.00	\$2,621.40
CP016	Bentonite Gel	lb	826.00	\$210.63
CP020	FLO-Seal	lb	60.00	\$109.66
CP057	Wooden B 5/8"	ea	1.00	\$91.80

Customer Section: On the following scale how would you rate Hurricane Services Inc?

Based on this job, how likely is it you would recommend HSI to a colleague?	<input type="checkbox"/> 1 Likely	<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	Total Taxable	\$ -	Tax Rate:		Net:	\$3,934.43
											State Tax:	\$ -	Total:	\$ 3,934.43		

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.

HSI Representative: *Glen Fisher*

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 1/4% 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 stated 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 _____
CUSTOMER AUTHORIZATION SIGNATURE

TREATMENT REPORT



HURRICANE SERVICES INC

Customer: **Russell Oil Inc** Date: **8/8/2018** Ticket #: **ICT1274**

Field Rep: **Rick Hilgers**

Address: **PO Box 8050**

City, State: **Edmond, OK**

County, Zip: **73083**

Field Order No.: _____

Well Name: **Rumback B 21-2**

Location: _____

Formation: _____

Type of Service: **Cement**

Well Type: **Oil**

Age of Well: **New**

Packer Type: _____

Packer Depth: _____

Treatment Via: _____

Open Hole: _____

Casing Depth: _____

Casing Size: _____

Drill pipe depth: **2555'**

Drill pipe size: **4 1/2" 16.6#**

Liner Depth: _____

Liner Size: _____

Liner Top: _____

Liner Bottom: _____

Total Depth: _____

Perf Depths (ft)	Perfs
Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
8:30 PM					Arrive on location			
8:45 PM					safety meeting			
8:00 PM					rig up equipment			
8:45 PM					rig sets pipe at 2555'			
8:59 PM	3.4		120.0		Pump fresh water ahead			15.00
9:02 PM	5.5		360.0		Mix and pump 50 sacks at 13.8ppg(1.4 yield)			12.60
9:06 PM	3.0		70.0		Pump 5 bbls fresh water behind			6.00
9:10 PM	8.0		250.0		Rig displaces with mud			28.00
9:15 PM					rig pulls to 1620'			
9:41 PM	4.4		210.0		Pump fresh water ahead			15.00
9:44 PM	5.5		270.0		Mix and pump 100 sacks at 13.8ppg(1.4 yield)			25.30
9:51 PM	1.5		20.0		pump fresh water behind			5.00
9:55 PM	9.0		130.0		rig displaces with mud			11.50
9:37 PM	3.7		120.0		Mix and pump 50 sacks at 13.8ppg(1.4 yield)			12.60
9:40 PM	3.0		140.0		Displace with fresh water			2.30
10:52 PM					put wood plug in hole at 40'			
11:15 PM	2.0		10.0		Mix and pump 10 sacks at 13.8ppg(1.4 yield)			2.50
11:20 PM	3.0		10.0		Mix and pump 30 sacks in rat hole at 13.8ppg(1.42 yield)			7.50
TOTAL:						-	-	142.40

SUMMARY			
Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
9.0	4.4	350.0	141.7

PRODUCTS USED

Pumped 240 sacks 60/40 poz with 4% gel, 1/4#/sk flo

Treater: Glen Fisher

Customer: *Rick Hilgers*

