

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.

(Print Name) Employee of Operator or Operator on above-described well,

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



CEMENT TREATMENT REPORT

Customer:	Hartman Oil	Well:	Finnup B 5	Ticket:	ICT 2461
City, State:		County:	Finney	Date:	9/25/2019
Field Rep:		S-T-R:	17-22S-33W	Service:	

Downhole Information	
Hole Size:	in
Hole Depth:	ft
Casing Size:	5 1/2
Casing Depth:	ft
Tubing / Liner:	2 7/8
Depth:	ft
Tool / Packer:	
Depth:	ft
Displacement:	bbbls

Slurry	
Weight:	13.5 # / sx
Water / Sx:	6 8/9 gal / sx
Yield:	1 3/7 ft ³ / sx
Bbbls / Ft.:	
Depth:	ft
Volume:	bbbls
Excess:	%
Total Slurry:	101.16 bbbls
Total Sacks:	400 sx

Cement Blend		
Product	%	#
Class A	60.0	22560
Gel	4.0	1424
CaCl		
Metso		
KolSeal		
PhenoSeal		
Salt		
Pozmix	40.0	11840
Total		35,824

TIME	RATE	PSI	BBLs	REMARKS	TIME	RATE	PSI	BBLs	REMARKS
1200P				ON LOCATION					
1210P				SAFETY MEETING					
1220P				RIG UP					
1235P	3.0	300.0	5.0	H2O AHEAD					
1237P	3.0	275.0	19.0	CEMENT 75 SKS W/HULLS @ 4230					
1243P	3.0	150.0	15.0	DISPLACE H2O					
145P	3.0	200.0	5.0	H2O AHEAD					
147P	3.0	200.0	10.0	CEMENT 40 SKS @ 2300					
150P	2.0	250.0	7.5	DISPLACE H2O					
323P		700.0		LOAD CASING TEST TO 600 PSI					
353P	1.0	1,000.0	2.0	INJECTION RATE					
355P	2.0	800.0	8.0	BROKE DOWN					
400P	2.0	800.0	5.0	H2O AHEAD					
405P	2.0	800-450	20.0	CEMENT 80 SKS @ 1075					
416P	2.0	450-800	16.0	DISPLACE H2O					
445P	3.0	400.0	31.6	CIRCULATE CEMENT 125 SKS @ 400					
500P				WASH UP					
510P				RIG DOWN					
530P				LEFT LOCATION					

CREW		UNIT	SUMMARY		
Cementer:	JIMMIE COTTRELL	84.0	Average Rate	Average Pressure	Total Fluid
Pump Operator:	JOSH MOSIER	208.0	2.41667 bpm	461.36 psi	144.06 bbbls
Bulk #1:	KALE OCHS	250.0			
Bulk #2:					