

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
Well Services Division

Rig # 706-33 Company Cyclone Time Out 3:00 Ticket # E1552
 Operator Scott Lease Beneke Time On 3:30 Job # _____
 Floorhand Dillon Well # 10 New Time Off 5:30 Date 11-25-19
 Floorhand John State/Co. KS. Marion Time In 6:30 Rig Rate 170⁰⁰
 Total Hours 3.5

Job Safety Analysis - A Discussion of Hazards & Safety Procedures

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Hard Hat | <input checked="" type="checkbox"/> Gloves | <input checked="" type="checkbox"/> Lockout/Tagout | <input checked="" type="checkbox"/> Warning Signs & Flagging |
| <input checked="" type="checkbox"/> H2S Monitor | <input checked="" type="checkbox"/> Eye Protection | <input checked="" type="checkbox"/> Required Permits | <input checked="" type="checkbox"/> Specific Job Sequence/Expectations |
| <input checked="" type="checkbox"/> Safety Footwear | <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Mustar Point/Medical Locations |
| <input checked="" type="checkbox"/> FR/Protective Clothing | <input type="checkbox"/> Additional Chemical/Acid PPE | <input checked="" type="checkbox"/> Slip/Trip/Fall Hazards | <input type="checkbox"/> Additional concerns/issues noted below |
| <input checked="" type="checkbox"/> Hearing Protection | <input checked="" type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Overhead Hazards | |

Pulled Out

Polish Rod	
Polish Rod Liner	Type
Rod Subs	2' 4' 6' 8' 10'
Rods (Qty & Size)	
Pump Data	
Tubing Subs	2' 4' 6' 8' 10'
Tubing (Qty & Size)	<u>48-2 3/8</u>
Seat Nipple/Barrel	<u>.80-3/N</u>
Anchor/Packer	<u>2 3/8 x 4 1/2 PKR</u>
Mud Anchor/Bull Plug	<u>8 x 2 3/8 M/A</u>

Ran In

Polish Rod	
Polish Rod Liner	Type
Rod Subs	2' 4' 6' 8' 10'
Rods (Qty & Size)	
Pump Data	
Tubing Subs	2' 4' 6' 8' 10'
Tubing (Qty & Size)	
Seat Nipple/Barrel	
Anchor/Packer	
Mud Anchor/Bull Plug	

Job Type: Tubing Leak Rod Part Pump Change Workover Completion

Plug Well

Additional Charges

Gas 2.5 gal Diesel _____ Oil Saver Rubbers (qty) _____ Per Diem _____
 Swab Cups (Size and Style) _____ Quantity _____
 Swab Cups (Size and Style) _____ Quantity _____
 Fishing Tool Sand Pump Paint Pipe Lube Wash Head

Extra Equipment: Tongs \$40, Pipe Lube \$21,

Remarks: D.T.L. Rig up for tbg, had trouble getting ring off off head, TBG was stuck in hole. Had to work tbg to get free, TBG had packer on bottom. Got tbg layed out on boards on ground. Hook up wire line to perforate well. Perforate well @ 250' Rigged down wire line.

SDON

Disclaimer Notice: Customer represents and warrants all well and associated equipment is in acceptable condition to receive services provided by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property, while HSI is on location performing services. Any loss of equipment down-hole from provided services is at the sole expense of the customer. The authorization below acknowledges the receipt and acceptance of preceding conditions, and HSI has been provided with accurate well information to properly tax services.

Customer Representative _____

Thanks for your continued business!



HURRICANE SERVICES INC
Well Services Division

Rig # 706-33 Company Cyclone Time Out 6:00 Ticket # E1553
 Operator Scott Lease Beneke Time On 7:00 Job # E1552
 Floorhand Dillon Well # 10 New/Old Time Off 11:00 Date 11-26-19
 Floorhand John State/Co. Ks. Marion Time In 12:00 Rig Rate 170⁰⁰
 Total Hours 6

Job Safety Analysis - A Discussion of Hazards & Safety Procedures

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Hard Hat | <input checked="" type="checkbox"/> Gloves | <input checked="" type="checkbox"/> Lockout/Tagout | <input checked="" type="checkbox"/> Warning Signs & Flagging |
| <input checked="" type="checkbox"/> H2S Monitor | <input checked="" type="checkbox"/> Eye Protection | <input checked="" type="checkbox"/> Required Permits | <input checked="" type="checkbox"/> Specific Job Sequence/Expectations |
| <input checked="" type="checkbox"/> Safety Footwear | <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Muster Point/Medical Locations |
| <input checked="" type="checkbox"/> FR/Protective Clothing | <input type="checkbox"/> Additional Chemical/Acid PPE | <input checked="" type="checkbox"/> Slip/Trip/Fall Hazards | <input type="checkbox"/> Additional concerns/issues noted below |
| <input checked="" type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fire Extinguisher | <input checked="" type="checkbox"/> Overhead Hazards | |

Pulled Out

Polish Rod	
Polish Rod Liner	Type
Rod Subs	2' 4' 6' 8' 10'
Rods (Qty & Size)	
Pump Data	
Tubing Subs	2' 4' 6' 8' 10'
Tubing (Qty & Size)	<u>51-2 3/8</u>
Seat Nipple/Barrel	
Anchor/Packer	
Mud Anchor/Bull Plug	

Ran In

Polish Rod	
Polish Rod Liner	Type
Rod Subs	2' 4' 6' 8' 10'
Rods (Qty & Size)	
Pump Data	
Tubing Subs	2' 4' 6' 8' 10'
Tubing (Qty & Size)	<u>51-2 3/8</u>
Seat Nipple/Barrel	
Anchor/Packer	
Mud Anchor/Bull Plug	

Job Type: Tubing Leak Rod Part Pump Change Workover Completion

Plug Well

Additional Charges

Gas 2.5 gal Diesel _____ Oil Saver Rubbers (qty) _____ Per Diem _____
 Swab Cups (Size and Style) _____ Quantity _____
 Swab Cups (Size and Style) _____ Quantity _____
 Fishing Tool Sand Pump Paint Pipe Lube Wash Head

Extra Equipment: Tongs - \$30, Pipe Lube \$42, Pipe Trl \$50, Work string \$795, Working head \$300

Remarks: D.T.L. Run in hole with 51 jts to 1590, spot 50 sacks, pulled 76g back out of hole. Wait for 1 1/2 HRS. Run wireline in hole to 1065, put sure edge on casing + topped well off.
Rig Down Move Off

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Customer Representative _____

Thanks for your continued business!