

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 #	<u>706-33</u>	Company	<u>Cyclone</u>	Time Out	<u>7:00</u>	Ticket #	<u>E1551</u>
Operator	<u>Scott</u>	Lease	<u>Carlson</u>	Time On	<u>8:30</u>	Job #	
Floorhand	<u>Dillon</u>	Well #	<u>11</u>	Time Off	<u>3:00</u>	Date	<u>11-25-19</u>
Floorhand	<u>John</u>	State/Co.	<u>Ks. Marion</u>	Time In		Rig Rate	<u>\$170⁰⁰</u>
				Total Hours	<u>8</u>		

Job Safety Analysis - A Discussion of Hazards & Safety Procedures

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Hard Hat | <input type="checkbox"/> Gloves | <input type="checkbox"/> Lockout/Tagout | <input checked="" type="checkbox"/> Warning Signs & Flagging |
| <input 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 type="checkbox"/> Safety Footwear | <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Muster Point/Medical Locations |
| <input type="checkbox"/> FRAC/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 type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Overhead Hazards | |

Pulled Out		Ran In	
Polish Rod		Polish Rod	
Polish Rod Liner	Type	Polish Rod Liner	Type
Rod Subs	2' 4' 6' 8' 10'	Rod Subs	2' 4' 6' 8' 10'
Rods (Qty & Size)		Rods (Qty & Size)	
Pump Data		Pump Data	
Tubing Subs	2' 4' 6' 8' 10'	Tubing Subs	2' 4' 6' 8' 10'
Tubing (Qty & Size)	<u>38-2 3/8</u>	Tubing (Qty & Size)	<u>38-2 3/8</u>
Seat Nipple/Barrel		Seat Nipple/Barrel	
Anchor/Packer		Anchor/Packer	
Mud Anchor/Bull Plug		Mud Anchor/Bull Plug	
Job Type:	Tubing Leak <input type="checkbox"/> Rod Part <input type="checkbox"/> Pump Change <input type="checkbox"/> Workover <input type="checkbox"/> Completion <input type="checkbox"/>		

Additional Charges

Gas <u>5gal</u> Diesel	Oil Saver Rubbers (qty)	Per Diem
Swab Cups (Size and Style)		Quantity
Swab Cups (Size and Style)		Quantity
Fishing Tool <input type="checkbox"/>	Sand Pump <input type="checkbox"/>	Paint <input type="checkbox"/>
		Pipe Lube <input checked="" type="checkbox"/>
		Wash Head <input type="checkbox"/>

Extra Equipment Tongs \$80, Pipe Lube \$42, Pipe Trlr \$50, Workstring \$590, Working Head & Rubber \$300.

Remarks: D.T.L. Rig up for tag, hook up wire line to perform to well. Perforate @ 275'. Rig wire line down. Talled tag going in hole, ran tag open ended to 1180' with 38 its 2 3/8. Spnt 35 sacks on bottom, pulled tag back out of hole. Wait for 1 1/2 HRS. Ran wire line down to bitra. No cement. Ran tag back to 1180', spnt 50 sacks on bottom, pulled tag back out. Wait for 1 1/2 HRS. Ran wire line in hole, tag @ 660. Put swedge on casing & taped well off. Big Down Move Off

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 property tax services.

Customer Representative _____ Thanks for your continued business!