KOLAR Document ID: 1509531

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (<i>If needed attach another sheet</i>) Depth to Top: Bottom: T.D. Depth	County: Well #: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced:
Depth to Top: Bottom:T.D Depth to Top: Bottom:T.D	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:	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



		and the second						No. of Concession, Name			
Customer	LD Drilling		Lease & Well #	McIntyre #1-20				Date	3	/4/2020	
Service District	Medicine Lodge	,	County & State	KS	Legals S/T/R	20-18s	-16w	Job #			
Job Type	CEMENT PTA	PROD			New Well?	S YES	🗹 No	Ticket #	l	СТ3355	
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures									
913	No. Diatrici Medicine Lodge, Centry PTA CENTY PTA PROD NU Diver CENTY PTA CENTY PTA PROD NU Diver CENTY PTA PROD NU Diver CENTY PTA PROD NU Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Diver Dive	l l									
	Justin W			☑ Eye Protection		Required Pe	rmits	Fall Protectio	'n		
256-182	Bryan W					Slip/Trip/Fall Hazards		Specific Job Sequence/Expectations			
						20 GI					
		Hearing Prote	ction	Fire Extinguishe	and the second se						
					Cor	nments			-		
		Impain W Safety Footwear Respiratory Protection Slip/Trip/Fall Hazards Specific Job Sequence/Expectations Image: FRC/Protective Clothing Additional Chemical/Acid PPE Overhead Hazards Muster Point/Medical Locations Image: Hearing Protection Fire Extinguisher Additional concerns or issues noted below Image: Comments Image: Comments Image: Comments Image: Comments									
		-									
Product/ Service			alter a state at								
		Desc	ription		Unit of Measure	Quantity				Net Amount	
CP055	H-Plug		192 Mar. 19 Mar.		sack	150.00				\$1,657.50	
CP095	Bentonite Gel				lb	1,000.00				\$255.00	
M015					mi	65.00				\$110.50	
M010		t Mileage			mi	65.00				\$221.00	
M020					tm	458.00				\$583.95	
C010	Cement Pump Se	rvice			ea	1.00				\$637.50	
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		S10									
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					A						
No. of Concession, Name											
Custo	mer Section: On t	he following scale h	ow would you rate	Hurricane Services	Inc.?		Gross:		Net:	\$3,465.45	
Pa						Total Taxable	\$ -	Tax Rate:		\geq	
Ba	223			HSI to a colleague						\$ -	
						Services relies on information above	the customer p	provided well			
U	inlikely 1 2	3 4 5	6 7 8	9 10 е	xtremely Likely	services and/or pr			Total:	\$ 3,465.45	
						HSI Represe	entative:	Kevin Brung			

<u>TERMS</u>: 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 ½% 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 laxes, or royatiles 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. <u>DISCLAIMER NOTICE</u>: 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 form 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 s

* FELIX FOURR

CUSTOMER AUTHORIZATION SIGNATURE



EMENT	TREA	TMEN	T REPO	DRT						
Cust	omer:	_D Drill	ing		Well:	Ν	AcIntyre #1-20	Ticket:	ICT3355	
City, State: Medicine Lodge KS			County:		KS	Date:	3/4/2020			
Field Rep: Kevin Brungdart			S-T-R:		20-18s-16w	Service:	CEMENT PTA			
D		a succession of the							The second states and	
	Eren II 22	formati	10-11-12 S		Calculated Slu	irry - Lead		Calculated	Slurry - Tail	
	Size:	7 7/8			Blend:	H Plug		Blend:		
Hole C		1090			Weight:	13.8 ppg		Weight:	ppg	
Casing D	-	5 1/2			Water / Sx:	6.9 gal		Water / Sx:	gal / s	
Tubing /		1090	in		Yield:	1.43 ft ³		Yield:	ft ³ / sx	
	Depth:	121 11 200	ft		Annular Bbis / Ft.:	ft		Annular Bbls / Ft.: bb:		
- Tool / Pa					Depth:			Depth:	ft	
Tool D			ft		Annular Volume:	0.0 bbl	s	Annular Volume:	0 bbls	
Displace			bbls		Excess:	0.0.1.1.1		Excess:		
			STAGE	TOTAL	Total Slurry: Total Sacks:	0.0 bbl	s	Total Slurry: Total Sacks:	0.0 bbls #DIV/0! sx	
TIME	RATE	PSI	BBLs		REMARKS	150 5%		Total Sacks:	#DIV/UL SX	
9:00am			-	121	On Loc Set up / Hold saf	fety meeting				
				-	1st Plug 1090ft	19/				
	4.0	8	27.0	27.0	Mix 1000# Gel					
	4.0	-	12.7	39.7	Pump 50 sks H plug					
	4.0		15.0	54.7	Flush 15 bbls fresh h20					
				54.7						
				54.7	2nd Plug 350 ft					
	4.0		5.0	59.7	5 bbls fresh h20					
	4.0	-	12.7	72.4	mix 50 sks H Plug					
	4.0	•	4.0	76.4	Flushh 4 bbls		t the second second			
				76.4						
				76.4	3rd Plug					
	4.0		10.2	86.6	40 ft Cir. Cement to Surfa		ks H Plug			
	///////////////////////////////////////		2.0	88.6	Pull joint of csg. And To	op off				
11:30 AM				88.6	Job Complete			· · · · · · · · · · · · · · · · · · ·		
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		CREW			UNIT			SUMMARY		
	enter:	Kevi	n B		913		Average Rate	Average Pressure	Total Fluid	
Cem	cinter.	Pump Operator: Justin W								
			in W		267		4.0 bpm	- psi	89 bbls	