

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

From: **Bo Darrah** Bo.Darrah@darrahoil.com
 Subject: FW:
 Date: July 10, 2020 at 5:28 PM
 To: lynnendarrah@sbcglobal.net



-----Original Message-----

From: Bo Darrah <Bo.Darrah@darrahoil.com>
 Sent: Friday, July 10, 2020 4:57 PM
 To: Bo Darrah <Bo.Darrah@darrahoil.com>
 Subject:

ch (316) 522-4949
 rado (316) 320-5000
 (316) 522-8454

CMC
Concrete Materials Co.

400056745

TICKET TIME	DATE	ORDER #	TRUCK	DRIVER	TIME DUE	TICKET #											
CUSTOMERS INFO			DELIVERY ADDRESS INSTRUCTIONS														
MC CUB CUSTOMER 1/2 EAST 80 SOUTH																	
E. 80TH & BLUSTEM- BUTLER C																	
Loop 8, 00																	
BASE ORDER	PROJECT #	PROJECT DESC.	MAP PAGE	PREV TRUCK #	SLUMP	USAGE											
ROOT	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT											
1.00	1.0	350PSC	Fuel Surcharge RMX	0.00	\$8.75	\$8.75											
LEAVE PLANT	ARRIVE JOB SITE	START DISCHARGE	FINISH DISCHARGE	ARRIVE PLANT	SUBTOTAL \$ 0.00												
CAUTION: FRESHLY MIXED CONCRETE MAY CAUSE SKIN IRRITATION OR CHEMICAL BURNS. AVOID CONTACT WITH SKIN WHERE POSSIBLE AND WASH EXPOSED SKIN AREAS PROMPTLY WITH WATER. IF ANY CONCRETE MIXTURES GET INTO EYES, RINSE IMMEDIATELY AND REPEATEDLY WITH WATER AND GET PROMPT MEDICAL ATTENTION. KEEP OUT OF REACH OF CHILDREN - SEE REVERSE SIDE FOR MSDS SHEET NOTICE: EXCESSIVE UNLOADING TIME - A HOLDING CHARGE OF \$1.50 PER MINUTE WILL BE INCLUDED FOR EACH TRUCK HELD ON THE JOB SITE FOR MORE THAN 60 MINUTES. - IN CONSIDERATION OF OUR MAKING DELIVERY ACROSS THE STREET CURB, AT YOUR REQUEST, CUSTOMER AGREES TO BE RESPONSIBLE FOR ALL DAMAGE DONE TO SIDEWALKS, DRIVEWAYS, BUILDINGS, GROUNDS, ETC. CUSTOMER ACKNOWLEDGES RECEIPT OF THE ABOVE MATERIALS IN APPROVED CONDITION. IMPORTANT: PURCHASER ASSUMES FULL RESPONSIBILITY FOR STRENGTH, SLUMP AND QUALITY OF CONCRETE WHEN WATER OR OTHER MATERIALS ARE ADDED ON THE JOB SITE AT THE REQUEST OF THE CUSTOMER.					TAX \$ 0.00												
					TOTAL \$ 0.00												
DRIVER REMARKS:					OTHER CHARGES												
					ADDITIONAL TAX												
ACCEPTED PURCHASER'S SIGNATURE, HIS AGENT, OR HIS EMPLOYEE'S SIGNATURE CONSTITUTES AN AGREEMENT WITH THE ABOVE TERMS AND CONDITIONS.					GRAND TOTAL \$ 0.00												
					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>WATER ADDED ON JOB AT REQUEST OF CONSIGNEE</td> <td>GALS. WATER</td> <td>GALS. WATER</td> <td>GALS. WATER</td> </tr> <tr> <td>TEST TAKEN</td> <td>INT.</td> <td>INT.</td> <td>INT.</td> </tr> <tr> <td></td> <td>SLUMP /</td> <td>AIR /</td> <td>CYLS. PER ASTM SPEC.</td> </tr> <tr> <td></td> <td>YES</td> <td>NO</td> <td></td> </tr> </table>		WATER ADDED ON JOB AT REQUEST OF CONSIGNEE	GALS. WATER	GALS. WATER	GALS. WATER	TEST TAKEN	INT.	INT.	INT.		SLUMP /	AIR /
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	SLUMP /	AIR /	CYLS. PER ASTM SPEC.														
	YES	NO															

KCC Operator #34089



Hurricane Services Inc.
104 Prairie Plaza Parkway
Cary, IL 60012

HURRICANE SERVICES INC
Well Services Division

Rig # 206 d 19 Company Durckin #1 Time Out 12:00 Ticket # E1690
 Operator Jerio Lease Burkus Time On 1:00 Job #
 Floorhand Crug Well # _____ Name _____ Time Off 7:00 Date 6-5-20
 Floorhand Tam State/Co. KS/Butler Time In _____ Pkg Rate \$125 EA
 Total Hours 2

Job Safety Analysis - A Discussion of Hazards & Safety Procedures

<input type="checkbox"/> Open End	<input type="checkbox"/> Open	<input type="checkbox"/> Open/Tagged	<input type="checkbox"/> Off Pump Sops & Ppe
<input type="checkbox"/> Spill Control	<input type="checkbox"/> Oja Protection	<input type="checkbox"/> Released Pressure	<input type="checkbox"/> Off Rig Job Setup/Location
<input type="checkbox"/> Safety Footwear	<input type="checkbox"/> Chaperone Protection	<input type="checkbox"/> Oja Protection	<input type="checkbox"/> Off Rig Part/Manual Location
<input type="checkbox"/> Eye Protection/Chalking	<input type="checkbox"/> Chaperone Chaperone PPE	<input type="checkbox"/> Off Rig Hazards	<input type="checkbox"/> Chaperone/Operator/Manual/Notes/Issues
<input type="checkbox"/> Chaperone Protection	<input type="checkbox"/> Off Rig Extruder	<input type="checkbox"/> Government Hazards	

	Pulled Out						Ran In				
					Type					Type	
Polish Rod						Polish Rod					
Polish Rod Liner						Polish Rod Liner					
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)						Tubing (Qty & Size)					
Seat Nipple/Barrel						Seat Nipple/Barrel					
Anchor/Packer						Anchor/Packer					
Mud Anchor/Bull Plug						Mud Anchor/Bull Plug					

Job Type: Tubing Leak Rod Part Pump Change Workover Completion

Additional Charges

Gas _____ Diesel _____ Oil Saver Rubbers (qty) _____ Per Diam _____

Swab Cups (Size and Style) _____ Quantity _____

Swab Cups (Size and Style) _____ Quantity _____

Fishing Tool Sand Pump Paint Pipe Lube Wash Head

Extra Equipment Railer

Remarks: D.J. Hall safety meeting rigged up. Hooped up boiler, made well bit + rods, bailed water down to about 160 Dry. Cleaned up Rigged down moved to next location

Customer Representative _____ Thanks for your continued business!

Job complete

Disclaimer: Customer represents and warrants as well and associated equipment is in acceptable condition to receive services provided by HSI. HSI, its customers and its employees shall not be liable for any damage to or loss of any equipment, materials, or property 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 log services.

Mike's Testing & Salvage Inc.
DBA Kelso Well Service
P.O. Box 467
Chase, KS 67524

Invoice


Date	Invoice #
4/21/2020	17242

Bill To

Darrah Oil Company LLC
125 N. Market Street
Suite 1425
Wichita, Kansas 67202

9308
(P)

		P.O. No.	County	Class
		Felix - Rig #1	Butler	Barkus #1
Qty	Description	Rate	Amount	
17	Hours Rig Time	200.00	3,400.00T	
	Casing Cutter	400.00	400.00T	
5	Sacks Cement	18.50	92.50T	
	Sand	40.00	40.00T	
1	Night Out of Town	255.00	255.00T	
	4-9-20 Moved rig to location, set in and rigged up. 3 Hours			
	4-13-20 Dug cellar and pit, ran bailer and checked the hole, found T.D. @3000'. Sanded off bottom to 2850' and dumped 5 sacks cement with bailer. Set in casing jacks, pulled 19" of stretch, cut casing @2200', 2000', cut loose @1933', pulled casing up to 800', shut down. 10 Ours			
	4-14-20 Pulled casing up to 280', rigged up Copeland Cementers, circulated 135 sacks 60/40 pos, 4% gel to surface, pulled rest of casing, topped off with 10 sacks 60/40 pos. Tore down and moved off. Plugging Complete.			
	KCC On Location: Duane Krueger Sales Tax	6.75%	282.66	
Total			\$4,470.16	



COPELAND
Acid & Cement

TREATMENT REPORT

Acid Stage No. PT

Date: 4/14/20 District: Russell P. O. No. _____
 Company: Darrah Oil
 Well Name & No.: Barkus #1
 Location: _____ Field: _____
 County: Butler State: X

Casing: Size: 5 1/2 Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size: _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Strung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Shot Hole Size: _____ T.H. _____ ft. P.H. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____

Blows: _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____

Flush: _____ Bbl./Gal. _____

Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____

Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal.

Pump Trucks: No. Used: 323 hp _____ Twin _____
 Auxiliary Equipment: Bulk 922
 Parker: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type: 145 ends 60-40-4% Bz

Company Representative _____

Treater: Byg Ry

TIME A.M. / P.M.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:30				On location 558 Rig up
9:40			0	Top on 5th case & 2nd down on load
			988	Broke case on surface
			0	Start mixing going down hole
			988	135 ends and gel came to surface
				Pull case
10:30			5388	10 sacks to fill up 145 total
				Wash up back up 1st location

