

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

Customer	L D DRILLING INC	Lease & Well #	KOENEMANN #2 OWWO	Date	7/31/2020
Service District	MEDICINE LODGE	County & State	PRATT K.S.	Legals S/T/R	29-26S-11W
Job Type	PTA	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			

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

Comments

Product/ Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
CP055	H-Plug	sack	125.00	\$13.00	\$1,625.00	25%	\$1,218.75
CP096	Cement Gel	lb	1,000.00	\$0.45	\$450.00	25%	\$337.50
M015	Light Equipment Mileage	mi	15.00	\$2.00	\$30.00	25%	\$22.50
M010	Heavy Equipment Mileage	mi	15.00	\$4.00	\$60.00	25%	\$45.00
M025	Ton Mileage - Minimum	each	1.00	\$300.00	\$300.00	25%	\$225.00
C010	Cement Pump Service	ea	1.00	\$750.00	\$750.00	25%	\$562.50

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Gross:	Net:	\$2,411.25
Based on this job, how likely is it you would recommend HSI to a colleague? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely		Total Taxable \$ - Tax Rate: State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.	Sale Tax: \$ - Total: \$ 2,411.25	
		HSI Representative: DL SCOTT		

TERMS: 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 1/2% 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 taxes, or royalties 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. **DISCLAIMER NOTICE:** 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 from 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 services.

Mark Davis by DL Scott

CUSTOMER AUTHORIZATION SIGNATURE



CEMENT TREATMENT REPORT

Customer: L D DRILLING INC	Well: KOENEMANN #2 OWWO	Ticket: 3892
City, State:	County: PRATT K.S.	Date: 7/31/2020
Field Rep: D SCOTT	S-T-R: 29-26S-11W	Service: PTA

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	7.875 in	Blend:	H PLUG	Blend:	
Hole Depth:	2005 ft	Weight:	13.7 ppg	Weight:	ppg
Casing Size:	5 1/2 in	Water / Sx:	gal / sx	Water / Sx:	gal / sx
Casing Depth:	600 ft	Yield:	1.44 ft³ / sx	Yield:	ft³ / sx
Tubing / Liner:	in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:		Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	8.7 bbls	Total Slurry:	0.0 bbls	Total Slurry:	0.0 bbls
		Total Sacks:	125 sx	Total Sacks:	#DIV/0! sx

TIME	RATE	PSI	BBLs	STAGE TOTAL BBLs	REMARKS
7:00 AM			-	-	CALLED OUT
9:30 AM				-	ON LOC W/TRUCKS SAFETY MEETING
				-	CIBP @4220 CUT CASING @ 2000 FT
				-	
				-	1ST PLUG @ 620 FT 10 SKS GEL AND 50 SKS CEMENT
1:45 PM	4.0	300.0	20.0		ST MIXING GEL
1:51 PM	4.0	300.0	12.8	12.8	ST MIXING CMT @ 13.7.PPG
1:54 PM	4.0	250.0	9.1	21.9	BALANCE AND DISP CEMENT
				21.9	
				21.9	2ND PLUG @ 300 FT 50 SKS CEMENT
2:05pm	4.0	200.0	10.0	31.9	ESTABLISH GOOD CIRC W/ H2O
2:08pm	4.0	200.0	12.8		MIX CEMENT @ 12.8 PPG
2:12pm	4.0	200.0	1.5	1.5	BALANCE AND DISP CEMENT
				1.5	
				1.5	3 RD PLUG @ 40 FT 25 SKS
2:25pm	2.0	100.0	6.4	7.9	MIX CEMENT @ 12.8 PPG
					CIRC CMT TO SURFACE
				-	
				-	PUMPED TOTAL 125 SKS HPLUG AND 10 SKS GEL.
				-	
				-	JOB COMPLETE THANK YOU SCOTTY AND CREW
				-	
				-	
				-	
				-	
				-	

CREW		UNIT	SUMMARY		
Cementer:	SCOTTY	VAP	Average Rate	Average Pressure	Total Fluid
Pump Operator:	J WESTERMAN	267	3.7 bpm	221 psi	73 bbls
Bulk #1:	R GILLEY	240			
Bulk #2:					