

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.

(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



HURRICANE SERVICES INC

[illegible]

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% 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.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**

CEMENT TREATMENT REPORT

Customer:	Quail oil & Gas	Well:	DHD # 1-33	Ticket:	ICT 3626
City, State:	Oakley KS	County:	Gove KS	Date:	6/5/2020
Field Rep:	Jonny Nicodemus	S-T-R:	33-15S-29W	Service:	Surface Job

Downhole Information	
Hole Size:	12 1/4 in
Hole Depth:	306 ft
Casing Size:	8 5/8 in
Casing Depth:	306 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Depth:	ft
Displacement:	16.8 bbls

Calculated Slurry	
Weight:	14.8 # / sx
Water / Sx:	5.18 gal / sx
Yield:	1.21 ft ³ / sx
Bbls / Ft.:	
Depth:	306 ft
Annular Volume:	bbls
Excess:	
Total Slurry:	45.2 bbls
Total Sacks:	210 sx

Product	% / #	#
Class A		
Poz		
Gel		
CaCl		
Gypsum		
Metso		
Kol Seal		
Flo Seal		
Salt (bww)		

		Total	-
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[illegible]

CREW		UNIT	SUMMARY		
Cementer:	Josh Mosier	73	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Jesse Jones	230	5.1 bpm	310 psi	67 bbls
Bulk #1:	Kale Ochs	194/254			
Bulk #2:					

Customer	QUAIL OIL&GAS		Lease & Well #	DHD 1-33			Date	6/11/2020
Service District	MEDICINE LODGE KS		County & State	GOVE CO KS	Legals S/T/R	33-155-29W	Job #	
Job Type	PLUG TO ABAND	☐ PROD	☐ INJ	☐ SWD	New Well?	☐ YES ☐ No	Ticket #	ICT 3655

Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
912	MATTAL	☐ Hard hat	☐ Gloves	☐ Lockout/Tagout	☐ Warning Signs & Flagging
526/521	MCGRAW	☐ H2S Monitor	☐ Eye Protection	☐ Required Permits	☐ Fall Protection
242	REBARCHEK	☐ Safety Footwear	☐ Respiratory Protection	☐ Slip/Trip/Fall Hazards	☐ Specific Job Sequence/Expectations
		☐ FRC/Protective Clothing	☐ Additional Chemical/Acid PPE	☐ Overhead Hazards	☐ Muster Point/Medical Locations
		☐ Hearing Protection	☐ Fire Extinguisher	☐ Additional concerns or issues noted below	
		Comments			

[illegible]

Customer Section: On the following scale how would you rate Hurricane Services Inc.?											Net: \$2,967.90	
Based on this job, how likely is it you would recommend HSI to a colleague?											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.	
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely											Sale Tax: \$ -	
											Total: \$ 2,967.90	
											HSI Representative: Mike Mattal	

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x Jan N. Smith

CUSTOMER AUTHORIZATION SIGNATURE



CEMENT TREATMENT REPORT

Customer: **QUAIL OIL&GAS**

City, State: **SHIELDS KS**

Field Rep: **WRAY VALENTINE**

Well: **DHD 1-33**

County: **GOVE CO KS**

S-T-R: **33-15S-29W**

Ticket: **ICT 3655**

Date: **6/11/2020**

Service: **PLUG TO ABAND**

Downhole Information

Hole Size: **in**
Hole Depth: **ft**
Casing Size: **in**
Casing Depth: **ft**
Tubing / Liner: **in**
Depth: **ft**
Tool / Packer:
Tool Depth: **ft**
Displacement: **bbls**

Calculated Slurry - Lead

Blend: **H-PLUG**
Weight: **13.8 ppg**
Water / Sx: **6.9 gal / sx**
Yield: **1.43 ft³ / sx**
Annular Bbls / Ft.: **bbs / ft.**
Depth: **ft**
Annular Volume: **0.0 bbls**
Excess:
Total Slurry: **61.0 bbls**
Total Sacks: **240 sx**

Calculated Slurry - Tail

Blend:
Weight: **ppg**
Water / Sx: **gal / sx**
Yield: **ft³ / sx**
Annular Bbls / Ft.: **bbs / ft.**
Depth: **ft**
Annular Volume: **0 bbls**
Excess:
Total Slurry: **0.0 bbls**
Total Sacks: **#DIV/0! sx**

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
1:05 PM			-	-	ON LOCATION/SAFTEY MEETING
				-	
				-	1ST PLUG AT 2050'
1:42 PM	5.0	200.0	20.0	20.0	PUMP 20 BBL WATER
1:46 PM	5.0	200.0	13.0	33.0	MIX 50 SKS H-PLUG
1:49 PM	4.0	100.0	5.0	38.0	PUMP 5 BBL WATER
2:51 PM	5.0	100.0	14.5	52.5	PUMP 14.5 BBL MUD
				52.5	2ND PLUG AT 1000'
2:40 PM	4.5	150.0	10.0	62.5	PUMP 10 BBL WATER
2:42 PM	4.5	150.0	25.0	87.5	MIX 100 SKS H-PLUG
9:25 PM	4.0	100.0	5.0	92.5	PUMP 5 BBL WATER
				92.5	3RD PLUG AT 350'
3:22 PM	4.5	100.0	5.0	97.5	PUMP 5 BBL WATER
3:24 PM	4.5	100.0	13.0	110.5	MIX 50 SKS H-PLUG
3:27 PM	4.5	100.0	0.5	111.0	PUMP .5 BBL WATER
4:35 PM	1.0	50.0	3.0	114.0	4TH PLUG AT 40' WOODEN PLUG IN PLACE, MIX 10 SKS H-PLUG
				114.0	CEMENT TO SURFACE
4:40 PM	1.0	50.0	7.0	121.0	MIX 30 SKS H-PLUG FOR RATHOLE
				121.0	
				121.0	
				121.0	JOB COMPLETE/THANK YOU!
				121.0	MIKE MATTAL
				121.0	MIKE & MICHAEL
				121.0	
				121.0	
				121.0	
				121.0	

CREW		UNIT	SUMMARY		
Cementer:	MATTAL	912	Average Rate	Average Pressure	Total Fluid
Pump Operator:	MCGRAW	526/521	4.0 bpm	117 psi	121 bbls
Bulk #1:	REBARCHEK	242			
Bulk #2:					