

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

HARTMAN OIL CO., INC.

001006

Ref Nbr	Inv Nbr	Inv Date	Invoice Amount	Amount Paid	Disc Taken	Net Check Amt
155093	0348645	8/4/2020	4189.26	4189.26	0.00	4,189.26

THE KEY TO DOCUMENT SECURITY • HEAT ACTIVATED THUMB PRINT • ADDITIONAL SECURITY FEATURES INCLUDED • SEE BACK FOR DETAILS

HARTMAN OIL CO., INC.

10500 E. BERKELEY SQ. PKWY
SUITE 100
WICHITA, KS 67206

VINTAGE
BANK KANSAS

83-913/1011

001006

DATE

AMOUNT

9/2/2020

\$*****4189.26

PAY Four Thousand One Hundred Eighty-Nine and 26/100----- US Dollar

VOID IF NOT CASHED WITHIN 180 DAYS

TO THE ORDER OF HURRICANE SERVICES, INC.
250 N. WATER, SUITE 200
WICHITA, KS 67202

AUTHORIZED SIGNATURE



⑈001006⑈ ⑆101109130⑆ 90 24317⑈

HARTMAN OIL CO., INC.

001006

Vendor: HURRI HURRICANE SERVICES, INC. Date: 9/2/2020 Check No: 001006

Ref Nbr	Inv Nbr	Inv Date	Invoice Amount	Amount Paid	Disc Taken	Net Check Amt
155093	0348645	8/4/2020	4189.26	4189.26	0.00	4189.26



HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:
HARTMAN OIL CO INC
10500 E BERKELEY SQ PKWY
SUITE 100
WICHITA, KS 67206

Invoice Date: 8/4/2020
Invoice #: 0348645
Lease Name: Fischer
Well #: 8
County: Stafford, Ks
Job Number: ICT3904
District: Medicine Lodge

Date/Description	HRS/QTY	Rate	Total
PTA	0.000	0.000	0.00
H-Plug	300.000	10.400	3,120.00
Light Eq Mileage	10.000	1.600	16.00
Heavy Eq Mileage	10.000	3.200	32.00
Ton Mileage Minimum	1.000	240.000	240.00
Cement Pump Service	1.000	600.000	600.00

0820
Hurri
180820
82050

ENTERED
AUG 13 2020

Net Invoice	4,008.00
Sales Tax:	181.26
Total	4,189.26

TERMS: Net 30 days. Interest may be charged on past due Invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!



Customer	HARTMAN OIL COMPANY	Lease & Well #	FISCHER #8	Date	8/4/2020
Service District	MEDICINE LODGE, KS	County & State	STAFFORD, KS	Legal S/T/R	11-218-13W
Job Type	<input checked="checked" type="checkbox"/> PTA	<input type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	New Well? <input type="checkbox"/> YES <input checked="checked" type="checkbox"/> No
Equipment #	75	Driver	LESLIE		
	824-822		OSBORN		
	176-280		EJ McGRAW		

Job Safety Analysis - A Discussion of Hazards & Safety Procedures

<input type="checkbox"/> Hard hat	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
<input type="checkbox"/> H2S Monitor	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
<input type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
<input type="checkbox"/> PRC/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 type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	

Comments

Product/Service Code	Description	Unit of Measure	Quantity	Net Amount
CP355	H-Plug	sack	300.00	\$3,120.00
EA016	Light Equipment Mileage	mi	10.00	\$16.00
EA018	Heavy Equipment Mileage	mi	15.00	\$32.00
EA025	Ton Mileage - Minimum	each	1.00	\$240.00
CA010	General Pump Service	ea	1.00	\$600.00

Customer Section: On the following scale, how likely you rate Hurricane Services Inc.?		Net:	\$4,008.00
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<p>Based on this job, how likely is it you would recommend HSI to a colleague?</p> <p align="center"> <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"/> </p> <p align="center"> U-Likely 1 2 3 4 5 6 7 8 9 10 Extremely Likely </p>	<p>Total Taxable \$ - Tax Rate:</p>	<p>State Tax: \$ -</p>
	<p>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.</p>	

HSI Representative: _____

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 1/4% 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 effect 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 writing 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/and conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.



 CUSTOMER AUTHORIZATION SIGNATURE



CEMENT TREATMENT REPORT

Customer: **HARTMAN OIL COMPANY**

Well: **FISCHER #8**

Ticket: **ICT 3904**

City, State:

County: **STAFFORD, KS**

Date: **8/4/2020**

Field Rep: **KENT STRUBE**

S-T-R: **11-21S-13W**

Service: **PTA**

Downhole Information

Hole Size: **6 5/8 in**
 Hole Depth: **ft**
 Casing Size: **5 1/2 in**
 Casing Depth: **ft**
 Tubing / Liner: **in**
 Depth: **ft**
 Tool / Packer: **ft**
 Tool Depth: **ft**
 Displacement: **bbls**

Calculated Slurry - Lead

Blend: **H-PLUG**
 Weight: **13.8 ppg**
 Water / Sk: **6.9 gal / sk**
 Yield: **1.43 ft³ / sk**
 Annular Bbls / Ft: **bbs / ft.**
 Depth: **ft**
 Annular Volume: **0.0 bbls**
 Excess:
 Total Slurry: **0.0 bbls**
 Total Sacks: **300 sk**

Calculated Slurry - Tail

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

TIME	RATE	PN	STAGE BBLs	TOTAL BBLs	REMARKS
8:30AM			-	-	ON LOCATION
8:35AM				-	RIG UP TO 5 1/2" CSG. PERFS @ 750'
8:45AM	4.0	150.0	15.0	15.0	BREAK CIRCULATION WITH H ₂ O
9:00AM				15.0	SEND WATER TRUCK AFTER MORE WATER
10:10AM	4.0	100.0	-	15.0	MIX 300 SKS H-PLUG CEMENT @ 13.8 PPG
10:30AM	4.0	-	76.5	91.5	CEMENT TO SURFACE
10:30AM				91.5	CLOSE IN VALVE ON 5 1/2" CSG
10:40AM				91.5	WASH UP PUMP TRUCK
				91.5	
				91.5	
				91.5	JOB COMPLETE,
				91.5	THANKS !
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	CREW		UNIT		SUMMARY		
	Cementer	Pump Operator	Bulk #1	Bulk #2	Average Rate	Average Pressure	Total Fluid
	LESLEY	OSBORN	EJ MCGRAW		4.0 bpm	83 psi	92 bbls

Rev: 3-2020/07/17
 mplv: 6-2020/07/16