KOLAR Document ID: 1530458

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 De	scription:			
Address 1:			.		Sec Tw	p S. R East West		
Address 2:					Feet from			
City:	State:	Zip: +	.		Feet from	East / West Line of Section		
Contact Person:				Footage	s Calculated from Neares	st Outside Section Corner:		
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		,		 		
ENHR Permit #:	Gas Sto	rage Permit #:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)		
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)		
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:			
Depth to	Top: Botto	m: T.D		00 0				
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Re	Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If		
Plugging Contractor License #	:		Name:					
Address 1:			Address 2:	:				
City:			;	State:		Zip:+		
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _			, ss.				
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed		
	(Print Name)			E	imployee 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.

Hurricane Services, Inc. 250 N. Water St.. Suite #200 Wichita, KS 67202



The state of the s										
Customer	N-10 EXPLORATION	NC	Lease & Well#	MEDICINE RIVER	RANCH D-6			Date		8/6/2020
Service District	MLK		County & State	BARBER KS	Legals S/T/R	10-3	4-11	Job#		
Job Type	PLUG TO ABAND	☑ PROD	נאו ם	□ SWD	New Well?	□ YES	☑ No	Ticket#	IC	CT3893
Equipment#	Driver			Job Safety Ar	nalysis - A Discus	sion of Hazards	& Safety Pr			
912	MATTAL	☑ Hard hat		☐ Gloves		□ Lockout/Tag	out	□ Warning Sign:	s & Flagging	
526/521	MCGRAW	☐ H2S Monitor		Eye Protection		□ Required Pe	rmits	☐ Fall Protection		
181/532	MARTINEZ	☐ Safety Footwe		☐ Respiratory Protection		☐ Slip/Trip/Fall Hazards		☐ Specific Job Sequence/Expectations		
		☑ FRC/Protectiv		☐ Additional Chem	nical/Acid PPE	□ Overhead Ha	zards	☐ Muster Point/	Medical Loca	tions
		☐ Hearing Prote	ection	☐ Fire Extinguishe	r	☐ Additional concerns or issues noted below				
					Con	nments				
Product/ Service			86344664	A Section 1	. U. A. W. M. S. S.		2) at X	NA CONTRACTOR		
Code	CO TO SERVICE	Des	cription		Unit of Measure	Quantity				Net Amount
CP055	H-Plug				sack	155.00			 	64 440 50
CP095	Cement Gel				lb	1,000.00	1			\$1,410.50 \$315.00
									 	4010.00
18015	Light Equipment Mil-				mi	15,00				\$21.00
M010	Heavy Equipment M				mi	15.00				\$42.00
M025	Ton Mileage - Minim	ium			each	1 35				\$210.00
					 					
C011	Cement Pump Servi	ice			ea	1.00				ATT
					Ca					\$770.00
			**							
							-			
							 	-		
Custo	mer Section: On the	following scale I	now would you rate I	Hurricane Services	Inc.?				Net:	\$2,768.50
Ras	sed on this job, how	likely is it you	would recommend	USI to a collection	•	Total Taxable	\$ -	Tax Rate:		$\geq \leq$
Du.			wodia recommena	I Co a colleague	17	used on new well	s to be sales to	ducts and services ax exempt. customer provided	Sale Tax:	s -
Ur	nakely 1 2 3	3 4 5	6 7 8	9 10 Est	remaly Likety	well information a services and/or p		a determination if exempt.	Total:	. 2700 50
								Mike Matta		\$ 2,768.50
ERMS: Cash in advan	ice unless Hurricane Se	arvices Inc. (HSI) h	as approved credit price	or to sale. Credit terms	s of sale for approved	accounts are total	l invoice due o	n or before the 30th	day from the d	ate of invoice. Past
de accounts shall pay	interest on the balance	past due at the rai	te of 1 12% per month	or the maximum allow	able by applicable sta	ate or federal laws	In the event it	is necessary to emp	loy an agency	and/or allomey to

TEXMS: 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 actor in a line rest on the behalince past due at the rate of 115% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or altomety 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 dees not include federal, state, or local taxes, or royalities 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 companison purposes and HSI makes no guarantees for 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 servi

X	CUSTOMER AUTHORIZATION SIGNATURI

ftv: 3-2020/07/17 mplv: 10-2020/08/05



EMEN	T TRE	ATME	NT REP	ORT	STATISTICS CONTRACTOR					
Cus	tomer:	N-10 EX	XPLORA	TION	. Well:	MEDICINE RIVER RANGE	CHDC			
City, State: KIOWA KS				County:		CH D-6 Ticket	1010000			
Field Rep: JEFF CAPPS					BARBER KS	Date				
		<u> </u>			S-T-R:	10-34-11	Service	PLUG TO ABAND		
		Informati	on		Calculated Slu	rry - Lead	Cal	culated Slurry - Tall		
	e Size:		in		Blend:	H-PLUG	Blend	The second secon		
	Depth:		ft		Weight:	13.8 ppg	Weight			
	g Size:		in		Water / Sx:	6.9 gal / sx	Water / Sx			
Casing I Tubing /			ft		Yield:	1.43 ft ³ / sx	Yield:			
	Depth:		in ft		Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.		
Tool / Pa			n		Depth:	ft	Depth:	ft		
Tool I	SAC VILLAND		ft		Annular Volume:	0.0 bbls	Annular Volume:	0 bbls		
Displace			bbls		Excess:		Excess			
		STAGE		TOTAL	∜ Total Slúrry: Total Sacks:	0.0 bbls	Total Slurry:			
TIME	RATE	PSI	BBLs	BBLs	REMARKS	0 sx	Total Sacks:	#DIV/0! sx		
7;50					ON LOCATION, SAFTEY M	EETING				
8;45	2.0	150.0	1.0	1.0	PLUGGING AT 600, CIRC	ULATED AFTER 1 BBL				
8;49	3.0	200,0	25.0	26.0	MIX 1000 LBS CEMENT GE	L				
8;56	3.0	200.0	40.0	66.0	MIX 155 SKS H-PLUG					
	_			66.0	CEMENT TO SURFACE					
	_									
			-							
				-						
					JOB COMPLETE, THANK Y	'OU!				
					MIKE MATTAL					
					MIKE & DARYL					
	_			-						
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	\dashv	_				1000				
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				-						
	ne realiza					According to the control of the cont				
		CREW			UNIT	BANDSONE	SUMMARY			
Cementer: MATTAL				912	Average Rate	Average Pressure	Total Fluid			
ump Operator: MCGRAW Bulk #1: MARTINEZ			526/521	2.7 bpm	183 psi	66 bbls				
Bulk	W. L.	MARTIN	IEZ		181/532					