

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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

Form	CP4 - Well Plugging Record
Operator	Vess Oil Corporation
Well Name	MILLS A 28
Doc ID	1544780

Producing Formations

Formation	Top	Bottom	Total Depth
Admire	601	617	
White Cloud	843	849	
White Cloud	860	870	
Kansas City	1932	1943	
Kansas City	1951	1971	



Customer	Vess Oil	Lease & Well #	Mills A 28	Date	1/19/2001
Service District	El Dorado	County & State	Butler, KS	Legals S/T/R	22-25S-5E
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	Ticket #
					EP1253

Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
91	Kevin	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
89	Casey	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
239	Garrett	<input checked="" type="checkbox"/> Safety Footwear	<input checked="" type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations
111	Mark	<input checked="" type="checkbox"/> FRC/Protective Clothing	<input checked="" type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations
248	Pat	<input checked="" 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	Net Amount
M010	Heavy Equipment Mileage	mi	2.00	\$6.00
M015	Light Equipment Mileage	mi	2.00	\$3.00
M025	Ton Mileage - Minimum	each	1.00	\$225.00
C010	Cement Pump Service	ea	1.00	\$562.50
CP010	Class A Cement	sack	137.00	\$1,746.75
CP100	Calcium Chloride	lb	150.00	\$84.38
CP165	Cottonseed Hulls	lb	40.00	\$30.00
T010	Vacuum Truck - 80 bbl	hr	2.00	\$180.00
AF080	Fresh Water	gal	3,360.00	\$50.40
	Gooseneck Trailer	hr	2.00	\$150.00
WSE075	Work String (1")	ft	300.00	\$90.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Net:	\$3,128.03
Based on this job, how likely is it you would recommend HSI to a colleague?		Total Taxable	\$ -
<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"/>		Tax Rate:	
Unlikely	1 2 3 4 5 6 7 8 9 10	Extremely Likely	
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:	\$ 3,128.03
		HSI Representative:	<i>Kevin Noeller</i>

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.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer:	Vess Oil	Well:	Mills A 28	Ticket:	EP1253
City, State:	Wichita, KS	County:	Butler, KS	Date:	1/19/2001
Field Rep:	Shane Summers	S-T-R:	22-25S-5E	Service:	PTA

Downhole Information

Hole Size:	in
Hole Depth:	ft
Casing Size:	4 1/2 in
Casing Depth:	2096 ft
Tubing / Liner:	2 3/8 in
Depth:	640 ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	bbbls

Calculated Slurry - Lead

Blend:	Class A
Weight:	15.6 ppg
Water / Sx:	5.2 gal / sx
Yield:	1.18 ft ³ / sx
Annular Bbls / Ft.:	bbls / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	0 sx

Calculated Slurry - Tail

Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbls / 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
10:00 AM			-	-	On location safety meeting
10:05AM				-	Hook up pump and hoses
				-	
10:10 AM				-	Run 300' of 1" tubing down back side
10:20 AM		300.0	1.0	1.0	Pump water circulated water in 1 bbl.
		300.0	15.7	16.7	Mix and pump cement in 8 5/8" circulated cement to surface good returns 75 sks
10:30 AM				16.7	Pull 1" out of well
				16.7	Run in 2 3/8 down casing to 640'
11:00 AM		-	10.5	27.2	Pump water dye water til we saw the dye 10.5 bbls
11:05 AM		-	10.9	38.1	Mix and pump cement in 4.5" casing circulated cement to surface good returns 52 sks
				38.1	Pull tubing out of casing
11:30 AM		-	2.1	40.2	Top off well 10 sks
				40.2	
				40.2	Wash up pump and lines wash out tubing
				40.2	Thank you
				40.2	
				40.2	
				40.2	
				40.2	
				40.2	
				40.2	
				40.2	
				40.2	
				40.2	
				40.2	

CREW		UNIT	SUMMARY		
Cementer:	Kevin	91	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Casey	89	#DIV/0! bpm	120 psi	40 bbls
Bulk #1:	Garrett	239			
Bulk #2:	Mark	111			