

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



Customer	Chizum Oil LLC	Lease & Well #	Walker B # 1 - 27	Date	5/23/2021
Service District	Oakley KS	County & State	Rawlins KS	Legals S/T/R	27-3S-32W
Job Type	Longstring	<input checked="" type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input type="checkbox"/> SWD	Job #
				New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No
					Ticket #
					WP 1419

Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
73	Josh	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input checked="" type="checkbox"/> Lockout/Tagout	<input checked="" type="checkbox"/> Warning Signs & Flagging
208	John	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input checked="" type="checkbox"/> Required Permits	<input checked="" type="checkbox"/> Fall Protection
230	Kale	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
194/254	Hugo	<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input checked="" type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations
		<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	List Price/Unit	Gross Amount	Item Discount	Net Amount
M010	Heavy Equipment Mileage	mi	60.00				\$211.20
M015	Light Equipment Mileage	mi	60.00				\$105.60
M020	Ton Mileage	tm	494.00				\$652.08
D015	Depth Charge: 4001'-5000'	job	1.00				\$2,200.00
C050	Cement Plug Container	job	1.00				\$220.00
FE130	5 1/2" Cement Basket	ea	1.00				\$264.00
FE135	5 1/2 Turbolizer	ea	5.00				\$352.00
FE145	5 1/2" Float Shoe - AFU Flapper Type	ea	1.00				\$330.00
FE170	5 1/2" Latch Down Plug & Baffle	ea	1.00				\$308.00
CP030	H-Long	sack	150.00				\$3,696.00
CP055	H-Plug	sack	30.00				\$343.20
CP170	Mud Flush	gal	500.00				\$440.00
AF055	Liquid KCL Substitute	gal	5.00				\$132.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Gross:		Net:		\$9,254.08			
Based on this job, how likely is it you would recommend HSI to a colleague?				Total Taxable	\$ -	Tax Rate:					
<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
				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:		\$ 9,254.08			
				HSI Representative: <i>Josh Mosier</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 3/4% 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 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: Chizum Oil LLC	Well: Walker B # 1 - 27	Ticket: WP 1419
City, State: Oakley Ks	County: Rawlins KS	Date: 5/23/2021
Field Rep: Josh Mosier	S-T-R: 27-3S-32W	Service: Longstring

Downhole Information	
Hole Size:	7 7/8 in
Hole Depth:	4652 ft
Casing Size:	5 1/2 in
Casing Depth:	4598 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	108.5 bbls

Calculated Slurry - Lead	
Blend:	H-Long
Weight:	15.0 ppg
Water / Sx:	6.2 gal / sx
Yield:	1.43 ft ³ / sx
Annular Bbls / Ft.:	0.0309 bbs / ft.
Depth:	4598 ft
Annular Volume:	142.1 bbls
Excess:	
Total Slurry:	38.2 bbls
Total Sacks:	150 sx

Calculated Slurry - Tail	
Blend:	H- Plug
Weight:	13.8 ppg
Water / Sx:	6.9 gal / sx
Yield:	1.42 ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	7.5 bbls
Total Sacks:	30 sx

TIME	RATE	PSI	BBLs	BBLs	REMARKS
830P			-	-	GOT TO LOCATION/ RIG WAS PULLING DC
835P					SAFETY MEETING
840P					RIGGED UP TRUCKS
1125P					STARTED RUNNING CASING
130A					LANDED CASING
135P					DROPPED BALL
145P					KICKED RIG PUMP IN
155P					BALL BROKE THROUGH
250A	3.0	250.0	5.0	5.0	PUMPED 5 BBL H2O AHEAD
253A	3.5	250.0	10.0	15.0	PUMPED 500 GAL OF MUD FLUSH
258A	3.5	250.0	5.0	20.0	PUMPED 5 BBL OF H2O
301A	1.5	50.0	7.5		PUMPED 30 SKSOF H-PLUG IN RH
310A	4.0	550.0	7.7		PUMPED 34 SKS OF H- LONG
312A					208 PUMP TRUCK BROKE DOWN
315A					HOOKED UP TO RIG PUMP TO PUMP THE 34 SKS AWAY TO PIT
					DROVE TO OAKLEY RELOADED BULK TRUCK AND PICKED UP 230 PUMP TRUCK
725A					GOT BACK TO LOCATION
730A					RIGGED UP TRUCKS
800A	3.0	250.0	10.0		PUMPED 500 GAL OF MUD FLUSH
804A	3.0	250.0	5.0		PUMPED 5 BBL H2O SPACER
808A	5.0	700.0	38.2		PUMPED 150 SKS OF H- LONG @ 4598 FT
815A					SHUT DOWN WASHED UP PUMP AND LINES LOADED PLUG
825A	4.0	700.0			DISPLACED WITH H2O
845A		1,200.0			PLUG LANDED
846A					WASHED UP PUMP TRUCK
848A					RIGGED DOWN TRUCKS
945A					OFF LOCATION

CREW		UNIT	SUMMARY		
Cementer:	Josh	73	Average Rate	Average Pressure	Total Fluid
Pump Operator:	John	208	3.4 bpm	445 psi	88 bbls
Bulk #1:	Kale	230			
Bulk #2:	Hugo	194/254			

Chizum Oil
WELL_NAME

