

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



CEMENT TREATMENT REPORT

Customer: FG HOLL	Well: BAUER1-18	Ticket: WP3847
City, State:	County: STAFFORD, KS.	Date: 1/18/2023
Field Rep:	S-T-R: 18-21S-14W	Service: PTA

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	in	Blend:		Blend:	H-PLUG A
Hole Depth:	ft	Weight:	ppg	Weight:	13.78 ppg
Casing Size:	in	Water / Sx:	gal / sx	Water / Sx:	6.9 gal / sx
Casing Depth:	ft	Yield:	ft ³ / sx	Yield:	1.43 ft ³ / sx
Tubing / Liner:	in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:		Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	bbls	Total Slurry:	0.0 bbls	Total Slurry:	63.5 bbls
		Total Sacks:	0 sx	Total Sacks:	250 sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
8:25AM			-	-	ONLOCATION RIG UP
9:00AM	4.0	300.0	30.5	30.5	MIX 120 SKS H-PLUG A CEMENT @ 13.78 PPG
9:15AM				30.5	CIRCULATED UP 5 1/2" CASING
9:20AM				30.5	PULL TUBING OUT OF HOLE
10:05AM	4.0	400.0	33.0	63.5	MIX 130 SKS H-PLUG A CEMENT @ 13.78 PPG
10:15AM				63.5	CIRCULATED CEMENT UP 8 5/8" CASING
10:20AM				63.5	WASH UP PUMP TRUCK
				63.5	
				63.5	JOB COMPLETE,
				63.5	THANKS- KEVEN AND CREW
				63.5	

CREW		UNIT	SUMMARY		
Cementer:	LESLEY	936	Average Rate	Average Pressure	Total Fluid
Pump Operator:	MARTINEZ	176-522	4.0 bpm	350 psi	64 bbls
Bulk #1:	JULLIAN	526-256			
Bulk #2:					



Customer	FG HOLL	Lease & Well #	BAUER1-18	Date	1/18/2023
Service District	PRATT, KS.	County & State	STAFFORD, KS.	Legals S/T/R	18-21S-14W
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	Job #
Equipment #	Driver	Ticket # WP3847			
936	LESLEY	Job Safety Analysis - A Discussion of Hazards & Safety Procedures <input checked="" type="checkbox"/> Hard hat <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Warning Signs & Flagging <input checked="" type="checkbox"/> H2S Monitor <input checked="" type="checkbox"/> Eye Protection <input type="checkbox"/> Required Permits <input type="checkbox"/> Fall Protection <input checked="" type="checkbox"/> Safety Footwear <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Slip/Trip/Fall Hazards <input checked="" type="checkbox"/> Specific Job Sequence/Expectations <input type="checkbox"/> FRC/Protective Clothing <input type="checkbox"/> Additional Chemical/Acid PPE <input 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			
176-522	MARTINEZ	Comments 			
526-256	JULLIAN				

Product/Service Code	Description	Unit of Measure	Quantity
CP065	H-Plug A	sack	250.00
CP165	Cottonseed Hulls	lb	
CP100	Calcium Chloride	lb	100.00
M015	Light Equipment Mileage	mi	50.00
M010	Heavy Equipment Mileage	mi	100.00
M020	Ton Mileage	tm	538.00
C060	Cement Blending & Mixing Service	sack	250.00
D011	Depth Charge: 501'-1000'	job	1.00
R061	Service Supervisor	day	1.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Total Taxable	\$ -	Tax Rate:
Based on this job, how likely is it you would recommend HSI to a colleague?				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.		
<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
						Extremely Likely

HSI Representative: **KEVIN**

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 of the month. 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 a collection agency, 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 Services Inc. has been provided accurate well information in determining taxable services.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**