

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:	AMERICAN WARRIOR INC	Well:	BERRIE UNIT 1-27	Ticket:	WP 6230
City, State:	REXFORD,KS	County:	THOMAS,KS	Date:	4/2/2025
Field Rep:	DUKE 5 REP CARLOS	S-T-R:	SEC.27-6S-31W	Service:	PTA

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	7 7/8 in	Blend:	H-PLUG A	Blend:	
Hole Depth:	ft	Weight:	13.8 ppg	Weight:	ppg
Casing Size:	4 1/2 in	Water / Sx:	6.9 gal / sx	Water / Sx:	gal / sx
Casing Depth:	2650 ft	Yield:	1.42 ft ³ / sx	Yield:	ft ³ / sx
Tubing / Liner:	in	Annular Bbls / Ft.:	0.0406 bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	ft	Depth:	2650 ft	Depth:	ft
Tool / Packer:		Annular Volume:	107.6 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	bbls	Total Slurry:	64.4 bbls	Total Slurry:	0.0 bbls
		Total Sacks:	255 sx	Total Sacks:	0 sx

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
7:30 AM			-	-	CALL OUT
11:25 AM				-	ARRIVE ON LOCATION
11:28 AM				-	RIG UP SAFETY MEETING
12:00 PM	4.0	220.0	5.0	5.0	5BBL FW SPACER
12:03 PM	5.0	260.0	12.6	17.6	CMT H-PLUG A 50 SKS 12.6BBL
12:25 PM	3.0	200.0	5.0	22.6	5BBL BEHIND
12:27 PM				22.6	RIG PUMP MUD 2.5MIN
12:30 PM				22.6	DONE PLUG 1
12:55 PM	3.0	180.0	5.0	27.6	5BBL FW SPACER
12:58 PM	5.0	240.0	25.2	52.8	CMT H-PLUG A 100 SKS 25.2BBL
1:15 PM	3.0	220.0	14.6	67.4	14.6 DISPLACEMENT
1:20 PM					DONE PLUG 2
2:05 PM	3.0	170.0	5.0		5BBL FW SPACER
2:08 PM	5.0	210.0	12.6		CMT H-PLUG A 50 SKS 12.6BBL
2:20 PM					DONE PLUG 3
2:45 PM	2.0	60.0	2.5		CMT H-PLUG A 10 SKS @40FT WOODEN PLUG 8 5/8
2:51 PM	2.5	60.0	5.0		MOUSEHOLE 15 SKS
2:58 AM	2.5	40.0	7.5		RATHOLE 30 SKS 7.5BBL
3:05 PM					WASH UP CMT PUMP
3:15 PM					RIG DOWN SAFETY MEETING
3:30 PM					DEPART LOCATION
					255 SKS USED

CREW		UNIT	SUMMARY		
Cementer:	ROGER GASTON	945	Average Rate	Average Pressure	Total Fluid
Pump Operator:	ANGLO P	230	3.5 bpm	169 psi	100 bbls
Bulk #1:	PATICK	205			
Bulk #2:					

[illegible]

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.

ftv: 16-2022/08/12
mplv: 487-2025/03/03