

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1371515
 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.
 _____ 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

3613A Y Road
Madison, KS 66860
Ph: 620-437-2661
Fax: 620-437-2881



HURRICANE SERVICES INC

104 Prairie Plaza Parkway
Garnett, KS 66032
Ph: 785-448-3100
Fax: 785-448-3102

FED ID# 48-1214033
MC ID# 165290

Remit to: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202

COPY

Customer:
CROSS BAR ENERGY, LLC
1700 N WATERFRONT PKWY
BLDG 300 SUITE A
WICHITA, KS 67206

Invoice Date: 11/2/2017
Invoice #: 0035435
Lease Name: GAINES LYKE HAM
Well #: 2
County: GREENWOOD

Date/Description	HRS/QTY	Rate	Total
Ticket 50176 PTA	0.000	0.000	0.00
heavy Eq mileage one way	10.000	2.438	24.38
light Eq mileage one way	10.000	1.125	11.25
bulk truck #241	1.000	225.000	225.00
Cementer #230	1.000	506.250	506.25
Cement Pozmix 60/40	80.000	9.638	771.00
Bentonite Gel	575.000	0.225	129.38
/ac truck #111	2.000	63.000	126.00

Net Invoice 1,793.26
Sales Tax: (7.50%) 125.04
Total 1,918.30

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

WE APPRECIATE YOUR BUSINESS!



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer: Cross Bar Energy, LLC; Contract No.: 50176; Address: 1700 N. Waterfront PKWY BLDG. 300 STE. A; City, State, Zip: Wichita, Ks 67206; Job type: PTA; Well Type: Oil; Service District: Madison, KS; Well Name & No.: Gaines-Lyke-Hamilton # 2; Well Location: Madison, Greenwood County, Kansas; Equipment #, Driver, Equipment #, Driver, Equipment #, Driver; TRUCK CALLED; ARRIVED AT JOB; START OPERATION; FINISH OPERATION; RELEASED; MILES FROM STATION TO WELL

Table with columns: Product/Service Code, Description, Unit of Measure, Quantity, List Price/Unit, Gross Amount, Net Amount. Includes items like Heavy Equip. One Way, Light Equip. One Way, Minimum Ton Mile Charge, Cement Pump, 60/40 Pozmix Cement, Bentonite Gel, Vacuum Truck 80 bbl.

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 may 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 if such laws limit interest to a lesser amount.

Summary table with Gross: \$ 2,391.00, Net: \$ 1,793.25, Total Taxable \$ -, Tax Rate, Sale Tax \$ -, Total: \$ 1,793.25. Includes Date of Service: 11/2/2017 and HSI Representative: Jake Heard.

Customer Authorized Representative signature line

CEMENTING LOG

Company	Cross Bar Energy, LLC		Lease	0	Well Name/No.	Gaines # 2
Type Job	PTA		Type & Amt Material	60:40:4%Gel		
Field	0		Ticket Number	50176		
CASING DATA						
Size	5.5"	Type		Weight		Collar
Casing Depths:	Top	0	Bottom	0		
Tubing	Size	2.375"	Weight		Collars	
Open Hole:	Size	0	T.D. (ft)	0	P.B. to (ft)	
CAPACITY FACTORS						
Tubing	Bbbls/Lin. ft.		0.00387	Lin. ft./Bbl		
Open Holes	Bbbls/Lin. ft.			Lin. ft./Bbl		
Drill Pipes	Bbbls/Lin. ft.			Lin. ft./Bbl		
Annulus	Bbbls/Lin. ft.		0.0101	Lin. ft./Bbl		
BPF	Bbbls/Lin. ft.		0.01397	Lin. ft./Bbl		
Perforations	From (ft)	1843	To	1850	Amount	14 holes
CEMENT DATA						
Spacer Type	Gelled water					
Amt.	24 BBL Total	Sks Yield		ft³/sk Density (PPG)		
LEAD						
Pump Time (hrs)		Type		Excess		
Amt.	Sks Yield		ft³/sk Density (PPG)			
TAIL						
Pump Time (hrs)		Type	60:40:4%Gel	Excess		
Amt.	80 Sks Yield		1.42 ft ³ /sk Density (PPG)			13.8
WATER						
Lead	gals/sk	Tail		6.9 gals/sk Total (Bbbls.)		13.41
Pump Trucks Used						230
Bulk Equipment						241
Float Equipment: Manufacturer						
Shoe: Type				Depth		
Float: Type				Depth		
Centralizers: Quantity		Plugs: Top		Bottom		
Stage Collars						
Special Equipment						
Disp. Fluid Type		Amt. (Bbbls.)		Weight (PPG)		
Mud Type				Weight (PPG)		

COMPANY REPRESENTATIVE Stewart **CEMENTER** Jake Heard

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	PUMPED/ TIME PERIOD	RATE (BBLS MIN.)	
						On location safety metting
						Spot in and rig up
						Hook up to tubing 1843'
	200		5			Break circulation
	200		12			Pump gel
	200		5.05			Mix and pump cement
	200		5.5			Displace
						Hook up to tubing 915'
	150		3			Break circulation
	150		12			Pump gel
	150		5.05			Mix and pump cement
	150		1.5			Displace
						Hook up to tubing 150'
	100		2			Break circulation
	100		10.11			Mix and pump cement
						Cement to surface
						Pull tubing
	50		0.5			Top off with 2 sacks
						Wash up and rig down to leave loaction
						Thanks—take Kevin, Ben and Ineh!