

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

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

Customer:
IANTHA RESOURCES LLC
21517 NW 1650 RD
GARNETT, KS 66032

Invoice Date: 9/27/2018
Invoice #: 0040241
Lease Name: Minkley
Well #: 8, R-9, R-21 & R-29
County: Anderson

Date/Description	HRS/QTY	Rate	Total
ICT1429 PTA's	0.000	0.000	0.00
Heavy Eq mileage one way	20.000	2.438	48.75
Light Eq mileage one way	20.000	1.125	22.50
Pump truck #271	4.000	337.500	1,350.00
Minimum ton Mile charge	1.000	225.000	225.00
Cement Pozmix 60/40	50.000	9.638	481.88
Bentonite Gel	172.000	0.225	38.70
City Water	2,520.000	0.010	24.57
Vac truck #110	3.000	90.000	270.00

Net Invoice 2,461.40
Sales Tax: 171.62
Total 2,633.02

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!



HURRICANE SERVICES INC

Customer: Iantha Resources		Lease & Well #: Minckley #8 R-9 R-21 R-29	Date: 9/27/2018	
Service District: Garnett, Ks		County & State: Anderson, Ks	Legals S/T/R: New Well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No	
Job Type: PTA	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	Job #: ICT 1429	Ticket #: ICT 1429	
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures		
271	Kevin	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	
241	Seth	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	
110	Derick	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	
77	Jake H	<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	
		<input checked="" type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	
		<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging	
		<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection	
		<input type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations	
		<input type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Muster Point/Medical Locations	
		<input type="checkbox"/> Additional concerns or issues noted below		
Comments				
Product/ Service				
Code	Description	Unit of Measure	Quantity	Net Amount
c001	Heavy Equip. One Way	mi	20.00	\$48.75
c002	Light Equip. One Way	mi	20.00	\$22.50
c020	Cement Pump	ea	4.00	\$1,350.00
c004	Minimum Ton Mile Charge	ea	1.00	\$225.00
cp010	60/40 Pozmix Cement	sack	50.00	\$481.88
cp016	Bentonite Gel	lb	172.00	\$38.70
af022	H2O	gal	2,520.00	\$24.57
t003	Vacuum Truck 80 bbl	Hour	3.00	\$270.00
Customer Section: On the following scale how would you rate Hurricane Services Inc. ?				Net: \$2,461.40
Based on this job, how likely is it you would recommend HSI to a colleague?				Total Taxable \$ - Tax Rate:
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10				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.
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely				Sale Tax: \$ -
				Total: \$ 2,461.40
				HSI Representative: Jake Heard

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**

TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	Iantha Resources	Date:	9/27/2018	Ticket #:	ICT 1429
Field Rep:					
Address:					
City, State:					
County, Zip:					

Field Order No.:		Open Hole:	
Well Name:	Minckley R-21	Casing Depth:	
Location:	Colony, Ks	Casing Size:	
Formation:		Tubing Depth:	757'
Type of Service:	PTA	Tubing Size:	2 3/8
Well Type:	Oil	Liner Depth:	
Age of Well:	Old	Liner Size:	
Packer Type:		Liner Top:	
Packer Depth:		Liner Bottom:	
Treatment Via:	Bullhead	Total Depth:	

Perf Depths (ft)	Perfs
Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
					On location safety meeting. Spot in and rig up			
					Hook up to tubing			
	1.0		450.0		Pump water			3.00
	1.0		450.0		Mix and pump cement			3.00
					Stop			
					Wash pump and lines			
	0.5		150.0		Pump water			0.10
					Shut in well			
TOTAL:								6.10

SUMMARY			
Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
1.0	0.8	450.0	350.0

PRODUCTS USED

12 sacks 60/40/4

Treater: Jake Heard

Customer: _____

