KOLAR Document ID: 1425296

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 #*			API No.	15 -						
Address 1:			I .	•	Twp S. R East West					
				Feet from North / South Line of So						
City:	State:	Zip: +		Feet from	East / West Line of Section					
Contact Person:			Footage	s Calculated from Near	rest Outside Section Corner:					
Phone: ()				□ NE □ NW	SE SW					
Water Supply Well ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s):	Other: Ga No If not, i List All (If needed attach a	SWD Permit #: as Storage Permit #: swell log attached? Yes [nother sheet) Bottom: T.D.	Lease N Date We The plug	lame:ell Completed: gging proposal was app	oroved on: (Date) (KCC District Agent's Name)					
De	pth to Top:	Bottom: T.D	""							
De	pth to Top:	Bottom:T.D	——— Plugging	g Completed:						
Show depth and thickness	ss of all water, oil and gas	formations.								
Oil, Gas or V	Water Records		Casing Record (Su	luction)						
Formation	Content	Casing	Size	Setting Depth	Pulled Out					
		plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t	·		ods used in introducing it into the hole. If					
Plugging Contractor Lice	ense #:		_ Name:							
Address 1:			_ Address 2:							
City:			State:							
Phone: ()										
Name of Party Responsil	ble for Plugging Fees:									
State of	Cou	unty,	, SS.							
	(Print Na	ma)	Е	mployee 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.

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

Fax: 620-437-2881

FED ID# 48-1214033 MC ID# 165290

HURRICANE SERVICES INC

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

Fax: 785-448-3102

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: Invoice #: 9/27/2018 0040241

Lease Name:

Minkley

Well#:

8, R-9, R-21 & R-29

County:

Anderson

	000	arrey.	71114013011		
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 2,633.02 Total

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!



Customer	lantha Resources			Lease & Well # Minckley #8 R-9 R-21 R-29			9		Date	Date 9/27/2				
Service District	Gam	ett, Ks	County	& State	Anders	son, Ks	Legals S/T/R			Job#	ICT 1429			
Job Type	PTA	☑ PROD	CNI		□swd		New Well?	□ves [√No	Ticket#		ICT 1429		
Equipment #	Driver	\$ 14 T	-	20.11-11-11	Job	Safety Ana	alysis - A Discuss	ion of Hazards &	Safety Proc	edures	ST 7.			
and the second s	Kevin	☑Hard hat	19		✓ Glov	es	- 18	Lockout/Tago	ut .	Warning Signs	& Flagging			
241	Seth	H2S Monit	or		✓Eye F	rotection		Required Pern	nits	Fall Protection	40	111		
110	Derick	✓ Safety Foo				iratory Prot	*	Slip/Trip/Fall H	Hazards .	Specific Job Se	quence/Exped	tations		
77	Jake H	FRC/Protect		1		C 8	nical/Acid PPE	Overhead Haz		Muster Point/N		ons		
		✓ Hearing Pr	otection		Fire	extinguishe		-	ncems or issu	es noted below	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	191		
		Comments												
Product/ Service Code		D	escription				Unit of Measure	Quantity				Net Amount		
c001	Heavy Equip. One	Way					mi	20.00				\$48.75		
c002	Light Equip. One	Way	-	_	/g		mi	20.00				\$22.50		
c020	Cement Pump						ea	4.00				\$1,350.00		
c004	Minimum Ton Mile	e Charge	-				ea	1.00				\$225.00		
			- 324											
ср010	60/40 Pozmix Cer	ment					sack	50.00				\$481.88		
ср016	Bentonite Gel						lb	172.00				\$38.70		
af022	H2O						gal	2,520.00			-	\$24.57		
					- 77									
t003	Vacuum Truck 80	bbl					Hour	3.00			_	\$270.00		
								—						
	A						garana =							
A Distriction of the magnetic and	A CONTROL PROPERTY OF	eres of any about the layer	orientandike	Ald Books (U.S.	2007-200	DESTRUMENT.	A MERCANDA LE CELEBRA	A STANDARD MEGANINA, V	too selentement	Mercuski winderschafter				
CONTRACTOR CONTRACTOR	200-190823-100 000-000-000-000-000-000-000-000-000		The state of the s	A STATE OF THE STA	25300VB (100	A POST OF THE REAL PROPERTY.	A CONTROL OF THE PARTY OF THE P	a la		_			
Custo	omer Section: On	the following se	ale how word	d vou cat	e Hurrica	ne Service	loc ?	S CONTRACTOR	CERTIFICATION		Mate	en 101 11		
Custo	omer Section. On	the following sc	ale now wan	u you rat	e ridirica	ne Service	3 1110,1	Total Taxable		Tax Rate:	Net:	\$2,461.40		
Ba	sed on this job, I	how likely is it	you would re	commer	nd HSI to	a colleagu	10?	State tax laws dee			Sale Tax:	<u> </u>		
	□ □ □ untkely 1 2		□ □ 5 6				Extremely Likely	used on new wells Services relies on	to be sales to the customer p to make a dete	exempt Hurricane		\$ 2,461.4		
	evinosti 2 275		7		1100	7000	176 mags (649) 64 7.0	HSI Represe	1. 14	Jake Hea	100 -	₹ Z,401,4		

TERMS: Cash in advance unless Huricane Services Inc. (HSI) has approved credit prior to sale. Credit ferms 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 1.5% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or atomey 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 revalities and stated price adjustments. Actual charges many vary depending upon time, equipment, and material ulfamately required to perform bees 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 acceptance 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.

C	USTOMER	AUTHORIZ	ATION	SIGNA	ΓUR

X_



Customer: la	ntha Resourc	es			Date:	9/27/2018		Ticket #:	ICT 1	429
Field Rep:										
Address:										
City, State:										
County, Zip:				-						
County, Zip.										
Field	d Order No.:			name nem	Open Hole:			Perf De	pths (ft)	Perfs
	Well Name:	Minckley	R-21	C	asing Depth:					
	Location:	Colony			Casing Size:					
	Formation:			1	ubing Depth:	757'				
Турс	of Service:	PTA	-		Tubing Size:	2 3/8				
	Well Type:	Oil			Liner Depth:					
	Age of Well:	Old			Liner Size:		_			
	acker Type:				Liner Top:		_			
	icker Depth:	Position.			Liner Bottom: Total Depth:		-			
ire	eatment Via:	Bullhe	ad	Machine C. M.	Total Deptils		_		Total Perfs	0
									Total Felis	
	INJECTION		PRESS					PROP	HCL (ala)	FLUID (bbls)
TIME	FLUID	N2/CO2	STP	ANNULUS	On location cofets	REMARKS		(lbs)	(gls)	(DDIS)
	_				Hook up to tubing	meeting. Spot in and rig up				
	1.0		450.0		Pump water					3.00
	1.0		450.0		Mix and pump cem	ent				3.00
					Stop					
					Wash pump and lir	nes				
	0.5		150.0		Pump water					0.10
					Shut in well					
								_	-	-
					-					
	-									
							TOTAL:			6.10
i)		OLUMAN	MOV	CONTRACTOR OF THE PARTY		PODUCTE HEED				
	Max Fl. Rate	SUMM Avg Fl. Rate	Max PSI	Avg PSI		RODUCTS USED				1
	1.0	0.8	450.0	350.0						
	19,7-5-2								ă	
					1	2 sacks 60/40/4				
						- Commission of Control of Contro				
		2011						7		
		,, ,						CO	• (5.5)	
Treater:	Take t	teard						Custome	r:	



Customer: lantha Resour	ustomer: lantha Resources		9/27/2018	Ticket #: ICT 1429			
Field Rep:							
Address:							
City, State:							
1231						- 1	
County, Zip:							
Field Order No.:		Open Hole:		Pe	erf Depths (ft)	Perfs	
Well Name:	Minckley R-29	Casing Depth:					
Location:	Colony, Ks	Casing Size:					
Formation:		Tubing Depth:	735'				
Type of Service:	PTA	Tubing Size:	2 3/8				
Well Type:	Oil	Liner Depth:	50-8-01-7A3+V				
Age of Well:	Old	Liner Size:					
Packer Type:		Liner Top:					
Packer Depth:		Liner Bottom:					
Treatment Via:	Builhead	Total Depth:					
					Total Perfs	0	
INJECTIO	N RATE PRES N2/CO2 STP	SSURE ANNULUS	REMARKS	PRC (lbs		FLUID (bbls)	
TIME FLUID	1/2/02 317	TOTAL CONTRACTOR OF THE PERSON	meeting. Spot in and rig up			NAME OF TAXABLE PARTY.	
		Hook up to tubing					
1.0	325,0	Pump water				3.00	
1.0	325.0		nent			3.00	
1,0	020.0	Stop					
	7	Wash pump and I	ines				
0.5	150.0					0.10	
0.0	100.0	Shut in well	-				
V							
				TOTAL:		6.10	
May St. Date	SUMMARY		PRODUCTS USED			1	
Max Fl. Rate	Avg Fl. Rate Max PSI 0.8 325.0	Avg PSI 266.7				1 1	
1.0	0.0						
			10! 00/40/4				
		L	12 sacks 60/40/4			1	
				10			
Treater: Jake	Heard			Cus	stomer:		
SUBSECTION OF STREET	7/2 50 7/2 D	74					



Customer: lantha Resour	ces			Date: 9/27/2018 Ticket #: ICT 1	429
Field Rep:					
Address:					
City, State:			-		
County, Zip:					
Field Order No.:			B DETAILS	Hole: Perf Depths (ft)	Perfs
Well Name:	Minck	lev 8	c	epth:	
Location:	Colon			Size:	
Formation:		7,110		ppth: 768'	
Type of Service:	PT	A		Size: 2 3/8	
Well Type:	0			epth:	
Age of Well:	OI	ld		Size:	
Packer Type:				Top:	
Packer Depth:				itom:	
Treatment Via:	Bulli	nead		epth:	
				Total Perfs	0
INJECTIO		PRESSU	JRE ANNULUS	PROP HCL REMARKS (lbs) (gls)	FLUID (bbls)
TIME FLUID	N2/CO2	STP	MULANIA CANADA CANADA	REMARKS (lbs) (gls) on safety meeting. Spot in and rig up	(0013)
				to tubing	
1,0		350.0		ter	3.00
1.0		350.0		nump cement	3.54
		330.2			
				np and lines	
0.5		150.0		ter	0.1
				ell	
	30.5				
				TOTAL:	6.6
	SUM	IMARY	No. 12 No. 14	PRODUCTS USED	
		Max PSI	Avg PSi		1
Max Fl. Rate	Avg Fl. Rate			1	1
Max Fl. Rate	Avg Fl. Rate	350.0	283.3		
Max Fl. Rate	Avg Fl. Rate	350.0	283.3		
Max FI. Rate	Avg Fl. Rate	350.0	283.3	14 sacks 60/40/4	

Take Heard

Treater:



HURRICANE SERVICES INC

Customer: Field Rep:	Iantha Resources			Date:	9/27/2018		Ticket #:	ICT 1	429	
Address:										
City, State:										
County, Zip:										
Fic	eld Order No.:			stillers in th	Open Hole:		1	Perf D	epths (ft)	Perfs
	Well Name:	Minckle	y R-9	H-State State	Casing Depth:					
	Location:	Colony			Casing Size:					
	Formation:				Fubing Depth:	750'				
Туј	e of Service:	PT	A		Tubing Size:	2 3/8				
	Well Type:	Oi			Liner Depth:					
	Age of Well:	Ole	d ·		Liner Size:					
	Packer Type:				Liner Top:					
	acker Depth:				Liner Bottom:			-		
T.	reatment Via:	Bullh	ead		Total Depth:		1		CANADA DE	
									Total Perfs	0
KO TO THE	INJECTIO	N RATE	PRES	SURE	AND BURS	COVIDADA DE LA COMPANIO	SALE OF EACH	PROP	HCL	FLUID
TIME	FLUID	N2/CO2	STP	ANNULUS		REMARKS	THE PLAN	(lbs)	(gls)	(bbls)
						meeting. Spot in and rig up				
	1202				Hook up to tubing					
	1.0		350.0		Pump water					3.00
	1.0		350.0		Mix and pump cer	ment			+	3.00
	(0.7)				Stop Wash pump and li	inee				
	0.5		150,0		Pump water	uios				0.10
			12012		Shut in well					
							v			
)					
	-									
							TOTAL:			6.1
							(OTAL:		1	6.10
	田市田田田田田	SUMN		Jan Wilde	ן ו	PRODUCTS USED	L			1
	Max Fl. Rate 1.0	Avg Fl. Rate 0.8	Max PSI 350.0	Avg PSI 283.3	1					
	1.0	0.8	350.0	200.0	,					
					L	12 sacks 60/40/4				_

Customer: