

**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.  
 \_\_\_\_\_  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**

Confidentiality Requested:

Yes  No

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

**Form must be Typed**

**Form must be Signed**

**All blanks must be Filled**

**WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

New Well  Re-Entry  Workover

Oil  WSW  SWD

Gas  DH  EOR

OG  GSW

CM (Coal Bed Methane)

Cathodic  Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

Deepening  Re-perf.  Conv. to EOR  Conv. to SWD  
 Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27  NAD83  WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

*(Data must be collected from the Reserve Pit)*

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite:

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**AFFIDAVIT**

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

**KCC Office Use ONLY**

Confidentiality Requested

Date: \_\_\_\_\_

Confidential Release Date: \_\_\_\_\_

Wireline Log Received  Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto:kcc-well-logs@kcc.ks.gov). Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

|  |   |
|--|---|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No<br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|--|---|

| CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used  |                   |                           |                   |               |                |              |                            |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, production, etc. |                   |                           |                   |               |                |              |                            |
| Purpose of String   | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
|   |                   |                           |                   |               |                |              |                            |
|   |                   |                           |                   |               |                |              |                            |
|   |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD  |                  |                |              |                            |
|--|------------------|----------------|--------------|----------------------------|
| Purpose:   | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone |                  |                |              |                            |
|  |                  |                |              |                            |

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

|   |  |         |             |                       |
|---|--|---------|-------------|-----------------------|
| Date of first Production/Injection or Resumed Production/Injection: | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____ |         |             |                       |
| Estimated Production Per 24 Hours                                   | Oil Bbls.  | Gas Mcf | Water Bbls. | Gas-Oil Ratio Gravity |

|   |   |                                    |
|---|---|------------------------------------|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL:<br>Top Bottom |
|---|---|------------------------------------|

| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record<br><i>(Amount and Kind of Material Used)</i> |
|----------------|-----------------|--------------------|------------------|--------------------|---|
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |

|                |       |         |            |  |
|----------------|-------|---------|------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: |  |
|----------------|-------|---------|------------|--|



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# McGOWN

DRILLING, INC.

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**Operator:**  
JR Burris  
Iola, KS

## Porter #01

Allen Co., KS  
6-25S-19E  
API: 001-31459

**Spud Date:** 11/16/2016  
**Surface Casing:** 8.625"  
**Surface Length:** 20.0'  
**Surface Cement:** 6 sx  
**Longstring:**

**Surface Bit:** 11.0"  
**Drill Bit:** 6.75"  
**Longstring:** P&A - Dry  
**Longstring Date:** 11/18/2016

## Driller's Log

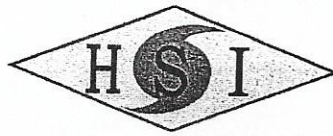
| Top | Bottom | Formation   | Comments |
|-----|--------|-------------|----------|
| 0   | 1      | Soil        |          |
| 1   | 30     | Lime        |          |
| 30  | 55     | Shale       |          |
| 55  | 62     | Lime        |          |
| 62  | 111    | Shale       |          |
| 111 | 114    | Lime        |          |
| 114 | 123    | Shale       |          |
| 123 | 161    | Lime        |          |
| 161 | 193    | Shale       |          |
| 193 | 221    | Lime        |          |
| 221 | 223    | Bl. Shale   |          |
| 223 | 231    | Lime        |          |
| 231 | 234    | Shale       |          |
| 234 | 250    | Lime        |          |
| 250 | 273    | Shale       |          |
| 273 | 285    | Sandy Shale |          |
| 285 | 389    | Shale       |          |
| 389 | 399    | Lime        |          |
| 399 | 426    | Shale       |          |
| 426 | 441    | Lime        |          |
| 441 | 450    | Shale       |          |
| 450 | 455    | Lime        |          |
| 455 | 473    | Sandy Shale |          |
| 473 | 524    | Shale       |          |

Porter #O1  
 Allen Co., KS

|            |     |           |   |
|------------|-----|-----------|---|
| 524        | 529 | Lime      |   |
| 529        | 532 | Coal      |   |
| 532        | 544 | Lime      |   |
| 544        | 548 | Shale     |   |
| 548        | 564 | Lime      |   |
| 564        | 586 | Shale     |   |
| 586        | 608 | Lime      |   |
| 608        | 612 | Shale     |   |
| 612        | 619 | Shale     |   |
| 619        | 623 | Lime      |   |
| 623        | 629 | Shale     |   |
| 629        | 637 | Sand      | Tight, poor oil show                      |
| 637        | 771 | Shale     |   |
| 771        | 775 | Sand      | Oil odor, no free oil visible in samples  |
| 775        | 737 | Shale     |   |
| 737        | 848 | Shale     | White, muddy                              |
| 848        | 906 | Sand      | Gas                                       |
| 906        | 922 | Sand      | Small oil stain 906-909, poor bleed, very |
| <b>922</b> |     | <b>TD</b> | water saturated                           |

|            | <b>Coring</b>  |                 |
|------------|----------------|-----------------|
| <b>Run</b> | <b>Footage</b> | <b>Recovery</b> |
| 1          | 631-651        | 18'             |
| 2          | 906-922        | 16'             |

Dry hole - plugged well through drill pipe 11/18/16 by Hurricane Services.  
 Ran drill pipe open ended to TD - pumped 20 sx plug, pulled up to base of  
 KC and pumped 10 sx plug, pulled up to 200' and pumped hole full of cement,  
 TOOH and topped well off with cement. Rig down.



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

**HURRICANE SERVICES INC**

104 Prairie Plaza Parkway - Garnett, Ks 66032

| <b>Customer</b> TBG, LLC                 |        |             |        | <b>Customer Name:</b>          |        | <b>Ticket No.:</b> 50957 |    |      |
|--|--------|-------------|--------|--------------------------------|--------|--------------------------|----|------|
| <b>Address:</b>                          |        |             |        | <b>AFE No.:</b>                |        | <b>Date:</b> 11/18/2016  |    |      |
| <b>City, State, Zip:</b>                 |        |             |        | <b>Job type:</b> OLD HOLE PLUG |        |                          |    |      |
| <b>Service District:</b> GARNETT, KANSAS |        |             |        | <b>Well Details:</b>           |        |                          |    |      |
| <b>Well name &amp; No.:</b> PORTER #1    |        |             |        | <b>Well Location:</b> IOLA     |        | <b>County:</b> ALLEN     |    |      |
|  |        |             |        |                                |        | <b>State:</b> KANSAS     |    |      |
| Equipment #                              | Driver | Equipment # | Driver | Equipment #                    | Driver | AM                       | PM | TIME |
| 25                                       | JAKE   |             |        |                                |        |                          |    |      |
| 203                                      | BEN    |             |        |                                |        |                          |    | 2:30 |
| 201                                      | KEVIN  |             |        |                                |        |                          |    |      |
|  |        |             |        |                                |        |                          |    |      |
|  |        |             |        |                                |        |                          |    |      |
|  |        |             |        |                                |        |                          |    |      |
|  |        |             |        |                                |        |                          |    |      |
|  |        |             |        |                                |        |                          |    | 4:00 |
| <b>MILES FROM STATION TO WELL</b>        |        |             |        |                                |        |                          |    | 30   |

**Treatment Summary**

ON LOACTION. SAFETY MEETING. SPOT IN AND RIG UP TO DRILL PIPE. MIX AND PUMP 20 SACKS OF CEMENT. DISPLACE 5.9 BBL. MIX AND PUMP 10 SACKS OF CEMENT AT THE BASE OF THE KANSAS CITY ZONE. MIX AND PUMP 70 SACKS OF CEMENT AT 200' TO SURFACE.

| Product/Service Code | Description                 | Unit of Measure | Quantity | List Price/Unit | Gross Amount | Net Amount |
|----------------------|-----------------------------|-----------------|----------|-----------------|--------------|------------|
| C20101               | Cement Pump                 | ea              | 1.00     | \$790.00        | \$790.00     | \$592.50   |
| C00101               | Heavy Equip. One Way        | mi              | 30.00    | \$3.25          | \$97.50      | \$73.13    |
| C20201               | Cement Bulk Truck - Minimum | ea              | 1.00     | \$300.00        | \$300.00     | \$225.00   |
| P01603 M             | 60/40 Pozmix Cement         | sack            | 100.00   | \$12.00         | \$1,200.00   | \$900.00   |
| P01607 M             | Bentonite Gel               | lb              | 344.00   | \$0.30          | \$103.20     | \$77.40    |
|                      |                             |                 |          |                 |              |            |
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|                      |                             |                 |          |                 |              |            |

TERMS: Cash in advance unless Hurricane Services Inc 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. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, 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 and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection. Authorization below acknowledges receipt and acceptance of all terms and conditions including the Standard Terms of Sale.

|  |      |                         |          |
|--|------|-------------------------|----------|
| <b>Gross:</b> \$ 2,490.70  |      | <b>Net:</b> \$ 1,868.03 |          |
| <b>Total Taxable</b>   | \$ - | <b>Tax Rate:</b> 7.150% |          |
| Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable. |      | <b>Sale Tax:</b> \$     | -        |
|  |      | <b>Total:</b> \$        | 1,868.03 |

**Date of Service:** 11/18/2016

**HSI Representative:** JAKE HEARD

**Customer Representative:** CHRIS MCGOWN

X \_\_\_\_\_  
CUSTOMER AUTHORIZED AGENT

**Customer Comments or Concerns:**