KOLAR Document ID: 1486912

**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	
Name:				Spot De	scription:	
Address 1:			.		Sec Tw	p S. R East West
Address 2:					Feet from	
City:	State:	Zip: +	.		Feet from	East / West Line of Section
Contact Person:				Footage	s Calculated from Neares	st Outside Section Corner:
Phone: ( )					NE NW	SE SW
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		,		 
ENHR Permit #:	Gas Sto	rage Permit #:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC <b>District</b> Agent's Name)
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:	
Depth to	Top: Botto	m: T.D		00 0		
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.	
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water	Records		Casing Re	cord (Su	tion)	
Formation	Content	Casing	Size		Setting Depth	Pulled Out
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If
Plugging Contractor License #	:		Name:			
Address 1:			Address 2:	:		
City:			;	State:		Zip:+
Phone: ( )						
Name of Party Responsible fo	r Plugging Fees:					
State of	County, _			, ss.		
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decertibed
	(Print Name)			E	imployee 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.





Remit To: Hurricane Services, Inc.

250 N. Water, Suite 200 Wichita, KS 67202 316-303-9515

Customer:

VESS OIL CORP. 1700 N WATERFRONT PKWY BLDG 500 WICHITA, KS 67206 

 Invoice Date:
 12/20/2019

 Invoice #:
 0345783

 Lease Name:
 OSWALD C C

 Well #:
 13

 County:
 Russell

 Job Number:
 ICT2995

Oakley

District:

HRS/QTY	Rate	Total
0.000	0.000	0.00
1.000	637.500	637.50
35.000	3.400	119.00
35.000	1.700	59.50
470.000	1.275	599.25
300.000	11.050	3,315.00
	0.000 1.000 35.000 35.000 470.000	0.000     0.000       1.000     637.500       35.000     3.400       35.000     1.700       470.000     1.275

 Net Invoice
 4,730.25

 Sales Tax:
 241.46

 Total
 4,971.71

**TERMS**: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice. **SALES TAX:** Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.



## HURRICANE SERVICES INC

Customer	Vess Oil		L	.ease &	Well #	Oswa	ild cc #1	3			Date	1	2/20/2	019
Service District	Oakley KS			ounty	& State	Russ	ell KS	Legals S/T/R	8_12	15W	Job#			
Job Type	Old hole plug	PROD		INJ		SV	VD	New Well?	☐ YES	☑ No	Ticket #		ICT 29	ne .
Equipment #	Driver					Jo	b Safety	Analysis - A Discus					01 25	95
67	Josh Mosier	☑ Hard h	at			☑ Glo			☐ Lockout/Ta					
230	Jesse Jones	☑ H2S M				☑ Eye	e Protect	ion	Required P		☐ Warning Sign ☐ Fall Protection		3	
180/150	Kale Oches	☑ Safety						Protection	Slip/Trip/Fa					
		-	otective Cl	othing				Chemical/Acid PPE	Overhead H		Specific Job S			
		☑ Hearing Protection ☑ Fire Extinguisher							☐ Overhead Hazards ☐ Muster Point/Medical Locations ☐ Additional concerns or issues noted below					
		Additional concerns or is  Comments									ssues noted below		-	_
													-	
Product/ Service														
Code			Descripti	on				Unit of Measure	Quantity				Ne	t Amount
C010	Cement Pump			_				ea	1.00					\$637.50
M010	Heavy Equipmen							mi	35,00					\$119.00
M015	Light Equipment	Mileage						mi	35.00					\$59.50
M020	Ton Mileage		-		-			tm	470.00					\$599.25
CP055	H-Plug							sack	300.00					\$3,315.00
					_									
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Custo	mer Section: On t	he following s	scale how	would u	ou rate	Aurres	na Samu	ner local						
		March Colonial Colonia Colonial Colonia		W. W. S.	ou take	(ID) II GSI	He sael VI	resi, filiqui r		No.		Net:		\$4,730.25
Bas	ed on this job, h	w likely is it	you woul	d recor	mmend	HSI to	a collea	que?	Total Taxable	\$ -	Tax Rate:		2	$\sim$
	0 0	0 0					III III		used on new wells	to be sales t	ducts and services ax exempt. Hurricane	Sale Tax:	\$	
072	CON MEET	000 M	723 LS						Services relies on information above	the customer to make a de	provided well			
Ur	ikely 1 2	3 4	5 6	7	- 8	9	10	Extremely Likely	services and/or pr	oducts are tax	exempt.	Total:	\$	4,730.25
									HSI Represe	entativo	Josh Mosier			
ERMS: Cash in adva	nce unless Hurricane	Services Inc. (	HSD has an	nemed -	esell est-	e la cal	C TILL			AND AND AND ADDRESS OF THE PARTY OF THE PART	A Committee of the Comm			
ue accounts shall now	interest on the balan	ce past due at les to pay all fee price. Upon revi	the rate of 1	V& nex	month or	to sale.	Gradit ter	rms of sale for approved awable by applicable star	accounts are total	nvoice due or	or before the 30th da	y from the dat	e of inv	oice, Past

services. Any discount is based on 30 days not payment terms or cash. DISCLAMEN NOTICE: Technical data is presented in good fairb, but no warranty is stated or implied. HSI assumes no liability for advice or and HSI makes no guarantee or future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer stated above, and Hurricane has been provided accurate well information in determining texable services. The authorization below acknowledges the receipt and acceptance of all terms/conditions

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Cus	tomer	Vess O	il	Well:	Oswald cc #	13	Ticket:	IC	T 2005	
City,	State			County:	Russell KS			ICT 2995		
Field Rep:				S-T-R:	8_12_15W		Date: Service:	12/20/2019 Old hole plug		
							oervice.	Ola	iole plug	
	/nnole e Size:	Informati		Calculated S	ilurry	Produ	ict	%/#	#	
	e size: Depth:		altitude n	Weight:	13.5 #/sx	Class A		60.00	15040	
	g Size:			Water / Sx:	6.89 gal / sx	Poz		40.00	8880	
Casing			in ft	Yield:	1.42 ft <sup>3</sup> / sx	Gel		4.00	957	
Tubing /				Bbls / Ft.:		CaCI				
	Depth:			Depth:	ft	Gypsum				
Tool / P				Annular Volume:	0 bbls	Metso				
	Depth:		ft	Excess:		Kol Seal				
Displace			bbls	Total Slurry: Total Sacks:	75.8 bbls	Flo Seal				
				Total Sacks:	300 sx	Salt (bww)				
TIME	RATE	PSI	BBLs		REMARI	(S		Total	24,877	
1100A				Got to location	KEMAKI	15	_			
1105A				Saftey Meeting						
1110A				Rig up						
1135A	2.5		5.0	H2O Ahead						
1137A	4.0	70.0	8.4	400# Gel						
1147A	4.5	640.0	25.0	Cement 100 sks H-plug 200# Hulls						
1151A	4.1	100.0	8.0	Displaced						
1253P	4.0	100.0	2.0	H2O Ahead						
1255P	4.5	130.0	25.0	Cement 100 sks H-Plug 200# Hulls						
1258P	4.0	100.0	2.0	Displaced						
122P	2.5	70.0	2.5	Topped off with 10 sks						
126P 130P	23.5	20.0	4.0	Pumped down backside						
145P	-			Washed up						
145F				Left Location						
		CREW		UNIT			MMARY			
Ceme	enter:	Josh M	Mosier	67	Average Rate					
ump Oper	rator:	Jesse	Jones	230	5.95556 bpm	Average Pres	sure	Total Fluid		
	lk #1;	Kale O	ches	180/150	J.VOGO DPIII	137 psi		82 bb	Is	
Bul	lk #2:									