KOLAR Document ID: 1518185

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 Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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.	County: Well #: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced:
Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.	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:			2:	
City:			State:	_ Zip: +
Phone: ()				
Name of Party Responsible for Plugging	Fees:			
State of	County,		_ , SS.	
	(Print Name)		Employee 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.

Submitted Electronically



nc. HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc. 250 N. Water, Suite 200 Wichita, KS 67202 316-303-9515

Customer: HETT OIL C/O TONY HETT PO BOX 26 MARION, KS 66861	Invoice Date Invoice a Lease Name Well Count Job Numbe Distric	4/23/2020 0347360 Sweeney 13 Marion, Ks E1660 East	
Date/Description	HRS/QTY	Rate	Total
Plug Job-Rig 8	0.000	0.000	0.00
4/14 E1660	4.000	175.000	700.00
Wash gas	5.000	4.000	20.00
4/16 E1666	2.000	175.000	350.00
4/23 E1673	2.500	175.000	437.50

Net Invoice	1,507.50
Sales Tax:	113.07
Total	1,620.57

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.

WE APPRECIATE YOUR BUSINESS!



HURRICANE SERVICES INC Well Services Division

Rig #	708 +1	7 Company	HETT OIL	Time C	Dut 1:3	ъ	Ticket #	E16	60
Operator	Terico		Sweeney	. Time C)n /: 3	0	Job #		
Floorhand	Craig	Well #	13	New(Old) Time (0	Date	4-14	-20
Floorhand	Tom	State/Co.	KS/mar:				Rig Rate	K1 75 5	90
				Total H	-	4.5	_ •		
		Job	Safety Analysis - A Dis	scussion of Hazards &	Safety Proced	ures			
Hard Hat		Gloves		Lockou			Warning S	igns & Flagging	
H2S Monitor		Eye Protection		Require	-			b Sequience/Expe	octations
Safety Footwe	ar	CRespiratory Pr	otection	ZFall Pro	tection		Muster Po	nt/Medical Locatio	ins
FRC/Protective	e Clothing	DAdditional Che	mical/Acid PPE	ESHP/Trip	/Fall Hazards		DAdditional	concerns/issues no	oted below
Hearing Protec	stion	Fire Extinguish	er	Soverhe	ad Hazards				5
	Ρι	illed Out				Ran Ir			
Polish Rod		118× 11'	stee/	Polish	Rod				
Polish Rod	Liner	13/815'	Type Bress	Polish	Rod Liner			Туре	
Rod Subs	2'	4' 6' 8'	10'	Rod Si	ubs	2' 4	6'	8' 10'	
Rods (Qty &		40314 55	58	Rods (Qty & Size)				
Pump Data	al dar in 1	2×12×10:	njert	Pump	Data				
Tubing Sub	s 2'	4' 6' XZ 8')	110' 2%	Tubing	Subs	2' 4	6'	8' 10'	
Tubing (Qyt	& Size)	612" 10 FND	20238	Tubing	(Qyt & Size)				
Seat Nipple	/Barrel	2"11			ipple/Barrel				
Anchor/Pac	de la companya de la				/Packer				
Mud Ancho		23/8 × 8' ml	1		nchor/Bull Pl				
Job Type:	Tubing I		d Part 🗆	Pump Change E	양 한 동안은 영양은 것은 것이 같은 것이 없는 것.	Workover D		Completion	
1996, 1997, 1 997, 1997	2 A A A C A A A A							Plug Jd.	24.1
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이 이 아파 가지?	ups (Size and S	a di ta di seconda di s					Quantit	y	
Swab C	ups (Size and S						Quantit	/	
4) 41.53 (1)		ig Tool 🗆 🦳 Sa	and Pump 🗆	Paint 🗆	Pipe Lube	D W	ash Head [נ	
Extra Equip	ment								
	n - T	-11-11-6		-		01			
Remarks;	D.T.C	Held Safley	meeting	Figger up	Relled	four in	Singles	Rigged	over
for tub	ing pille	Jour tubic	1 Broke nea	d toose. Cl.	acented k	2.990 20	wn mo	Verto no	ext
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							CREDI	T 1/2 +	HR.
Disclaimer Noti	ce: Customer represe	ints and warrants all well and a and property, while HSI is on	associated equipment is in a	acceptable coniditon to rece	ive services provid	ded by HSI. Likewi	se the customer	quarantees proper	r operational
authorization bel	ow acknowledges the	receipt and acceptance of pro	ceeding conditions, and HS	I has been provided with a	curate well inform	ation to properly ta	ute sole expense x services.	or the customer.	INO
Customer F	Representitive				Thenks	for 101-	All and here the		
	topresentitive_				inanks	for your cont	nued busine	SS!	
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				HURRIC	Services D							
Rig # 708	1+19	Comp	any _	HETTOI	L	_Time Out	8:00	>		Ticket	#	E1666
Operator Je	5:00	Lease		Sweener	1	Time On	8:00	2		Job #		
Floorhand C	raig	Well #	ŧ	13	New/Gld	Time Off	10:0	0		Date		4-16-20
Floorhand T	om	State/	Co.	KS/Mar.	1 (The second	- Time In				– Rig Ra	ate .67	17500
			-	27100		Total Hours		_2			<u>qr</u>	
~			Job	Safety Analysis - A Dis	scussion of H	lazards & Safet	y Procedure:	s				
CHard Hat		Gloves				Cockout/Tagou	t	124 R		A Wamir	g Signs &	Flagging
EH2S Monitor		EEye Pr	rotection			Required Perm	its			Specifi	c Job Seq	uience/Expectations
ZSafety Footwear		DRespin	atory Pro	tection		I Fall Protection				EMuster	Point/Me	dical Locations
DFRC/Protective Clothing		Additio	nal Cher	nical/Acid PPE		Slip/Trip/Fall H	azards			DAdditio	nal conce	rns/issues noted below
Hearing Protection		ZFire Ex	dinguishe	ər		ØOverhead Haz	ards					
	Pulled	l Out						Ra	ın In			
Polish Rod						Polish Rod						
Polish Rod Liner				Туре		Polish Rod	Liner					Туре
Rod Subs	2'	4' 6'	8'	10'	1	Rod Subs		2'	4'	6'	8'	10'
Rods (Qty & Size)					1	Rods (Qty 8	Size)	-				
Pump Data							0120)	-				
Tubing Subs	2'	4' 6'	8'	10'	1	Pump Data	100					
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Tubing (Qyt & Size)	-					Tubing (Qyt	100 C	-				
Seat Nipple/Barrel			-			Seat Nipple	Barrel				-	
Anchor/Packer					6	Anchor/Pac	ker			_		
Mud Anchor/Bull Plu	the second se					Mud Anchor	/Buil Plug					
Јор Туре: Ти	ubing Leak		Roo	I Part D	Pump C	hange 🗆 Charges	W	orkove	ər 🗆	T		
Gas	Dies	sel		Oil Saver Rubbe				- Per	Diem			
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Swab Cups (Size	and Style	0								Quan		
	Fishing To		Sa	nd Pump 🗆	Paint D	Pip	e Lube 🗆		Wa	sh Head		
Extra Equipment			00		1 dine 🗖	, i i i i i i i i i i i i i i i i i i i			vva:	SITTIE		
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care of all customer owned equipment and property, while HSI is on location performing services. Any loss of equipment down-hole from provided by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property, while HSI is on location performing services. Any loss of equipment down-hole from provided services is at the sole expense of the customer. The authorization below acknowledges the receipt and acceptance of proceeding conditions, and HSI has been provided with accurate well information to properly tax services.



HURRICANE SERVICES INC Well Services Division

Rig # /OV	1 /9			122330	11		T	12:00			Tislast	u	E1673
	=((Compa	iny –	HETTO		_Time Out _			10.00	_Ticket	" —	210/5
Operator <u>Jei</u>	rico		Lease		Sweene	-	_ Time On _	12:00	_		_Job #	-	
Floorhand <u>Cre</u>	-19		Well #		13	_ New/01	Time Off	2:30			Date	4	1-23-20
Floorhand 70	m		State/C	o	KS /maria	n	_ Time In				Rig Ra	te A	175 -
							Total Hours		_2.	5	-		
/			1	Job	Safety Analysis - A D	scussion of l							
Hard Hat			ØGloves		э.		ALockout/Tagou				Warning		
H2S Monitor			ZEye Prot	tection			BRequired Perm	lits					ulence/Expectations
Safety Footwear			Respirat	C. S. Com			DFall Protection						dical Locations
IFRC/Protective Clothing			/		nical/Acid PPE		Slip/Trip/Fall H				DAddition	al conce	ms/issues noted below
Hearing Protection			Diffire Exti	nguishe	ər		Doverhead Haz	ards					
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olish Rod	<u> </u>					-	Polish Rod				_		
Polish Rod Liner	-			MP-1	Туре	4	Polish Rod	Liner					Туре
Rod Subs	2'	4'	6'	8'	10'	-	Rod Subs		2'	4'	6'	8'	10'
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eat Nipple/Barrel							Seat Nipple/	Barrel					
Anchor/Packer			<u>\</u>]	Anchor/Pacl						
ud Anchor/Bull Plug						1	Mud Anchor		-				
Job Type: Tubir Gas	ng Leal _ Die:		1		I Part ⊡ Ad Oil Saver Rubt	Pump Cl Iditional C bers (qty)	101420049 00 0000194022	W	orkov - Per	er □ Diem	Q	· A.	mpletion⊡ i job
Swab Cups (Size an	id Style	*)									Quant	ity	
Swab Cups (Size ar	nd Style))									- Quant		
Fis	shing T			Sa	nd Pump 🗆	Paint 🗆	Pipe	e Lube 🗆		Wa	sh Head	-	
Extra Equipment													
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Isclaimer Notice; Customer rep	resents ar	nd warra	nts all well while HSI	and as	sociated equipment is in	acceptable conid	tion to receive serv	ices provided by		SO6	Co N the custom	1 fles er guaran	Le)
Isclaimer Notice: Customer rep are of all customer owned equipn uthorization below acknowledges	nent and p	property.	while HSI	is on lo	cation performing service	es. Any loss of ed	upment down-hole	from provided	service	s is at the	sole exper	fus furguaran se of the	tees proper operationa customer. The



	1 A	ATMEN				制品品的建筑是一些"流行"		
Cust	omer:	Hett Oil	and Gas		Well:	Sweeny #13	Ticket:	ICT 3493
City,	State:				County:	Marion, KS	Date:	4-23 4-29 202
Field	d Rep:	Benny			S-T-R:		Service:	PTA
Down	nhole li	nformatio	on		Calculated Slu	rry - Lead	Coloulated	
Hole	Size:		in		Blend:	H-Plug	Calculated :	Siurry - Tail
Hole E	Depth:		ft		Weight:	13.8 ppg	Blend: Wolebte	111313
Casing	Size:	5 1/2	in		Water / Sx:	6.9 gal / sx	Weight: Water / Sx:	ppg gal / s
Casing D	Depth:		ft		Yield:	1.42 ft ³ /sx	Yield:	ft ³ / sx
Tubing /	Liner:	2 3/8	in		Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / f
	Depth:	288	ft		Depth:	ft	Depth:	ft
Tool / Pa	acker:				Annular Volume:	0.0 bbis	Annular Volume:	0 bbls
Tool D	Depth:		ft		Excess:		Excess:	0 0010
Displace	ment:		bbls		Total Slurry:	23.3 bbls	Total Slurry:	0.0 bbls
			STAGE	TOTAL	Total Sacks:	92 sx	Total Sacks:	#DIV/0! sx
TIME	RATE	PSI	BBLS	BBLs	REMARKS			
			-	•	On location safety meetin	g		
					Spot in and rig up			
				•	Hook up to 1" @ 275'			
	1.0	250.0	11.0	11.0	Break circulation with 9 E			
	1.0	250.0	15.2	26.2	Mix and pump 60 sacks c	ement to surface		
				26.2	Pull 1" out of hole	di suddi an		
				26.2	Run in with 2.375" tubing			
	3.0	100.0	10.0	36.2	Break circulation with .5 I	the second se		
	3.0 1.0	100.0	5.6 2.5	41.7	Mix and pump 22 sacks c			
	1.0		2.5	44.3 44.3	Pull tubing and top off wi	th 10 sacks		
				44.3				
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100 (C)	The state	CREW			UNIT		SUMMARY	
Cem	enter:	Jake			77	Average Rate	Average Pressure	Total Fluid
Pump Ope	Contraction of the	Kevin			265	1.8 bpm	175 psi	44 bbls
	alk #1:	Garre	tt		294			
Bu	ılk #2:	JJ			241			