

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

FILE COPY

3613A Y Road
Madison, KS 66860
Ph: 620-437-2661
Fax: 620-437-2881



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:
DARRAH OIL
C/O JOHN JAY DARRAH JR
PO BOX 2786
WICHITA, KS 67201-2786

Invoice Date: 6/7/2020
Invoice #: 0347793
Lease Name: YOUNKIN
Well #: 1-35
County: LOGAN, KS
JOB#: ICT3634

Date/Description	HRS/QTY	Rate	Total
PTA			
H-Plug	245	10.14	2,484.30
Wooden Plug 8 5/8"	1	117.00	117.00
Light Eq Mileage	25	1.56	39.00
Heavy Eq Mileage	25	3.12	78.00
Ton Mileage-Minimum	1	310.05	310.05
Cement Pump	1	585.00	585.00

Net Invoice	3,613.35
Sales Tax	182.94
Total	3,796.29

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.

250 N. Water St., Suite #200
Wichita, KS 67202



HURRICANE SERVICES INC

Customer	Barrah Oil Company	Lease & Well #	Youakin 1-35	Date	6/7/2020
Service District	Oakley KS	County & State	Logan KS	Logan S/RR	35-135-34W
Job Type	Plug	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INT <input type="checkbox"/> SWD	Logan S/RR	New Well?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
73	Jesse Jones	<input checked="" type="checkbox"/> Hard Hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
230	Josh Mosier	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
242	Kelo oches	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
		<input checked="" type="checkbox"/> PRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations
		<input type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	

Product/Service Code	Description	Unit of Measure	Quantity	Net Amount
CP055	W-plug	skt	245.00	\$2,484.30
FE290	8.5" W. Weed Plug	ea	1.00	\$117.00
m015	Light Equipment Mileage	mi	25.00	\$39.00
m010	Heavy Equipment Mileage	mi	25.00	\$78.00
m025	Ten Mileage minimum	ea	10.00	\$310.05
CC10	Cement Pump	ea	1.00	\$505.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?

Based on this job, how likely is it you would recommend HSI to a colleague?

1 2 3 4 5 6 7 8 9 10 *Extremely likely*

Total Taxable	\$ -	Tax Rate:		Net:	\$3,613.35
Sale Tax:	\$ -				
Total:	\$ 3,613.35				

HSI Representative: *Josh Mosier*

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 effect 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**



CEMENT TREATMENT REPORT

Customer: Darrah Oil Company	Well: Younkin 1-35	Ticket: ICT3634
City, State: KS	County: Logan	Date: 6/7/2020
Field Rep:	S-T-R: 35-13S-34W	Service: Plug

Downhole Information		Calculated Slurry		Product		
Hole Size:	7 7/8 in	Weight:	13.78 # / sk	Class A	% / #	#
Hole Depth:	2250 ft	Water / Sk:	6.92 gal / sk	Poz		
Casing Size:	4 1/2 in	Yield:	1.43 ft ³ / sk	Gel		
Casing Depth:	ft	Bbls / Ft:		CaCl		
Tubing / Liner:	in	Depth:	ft	Gypsum		
Depth:	ft	Annular Volume:	bbls	Metso		
Tool / Packer:		Excess:		Kol Seal		
Depth:	ft	Total Slurry:	bbls	Flo Seal		
Displacement:	47.9 bbls	Total Sacks:	245 sk	Salt (bww)		
				Total		

TIME	RATE	PSI	BBLs	REMARKS
10:00P				Arrival
10:05P				Safety Meeting
10:10P				Rig Up
11:36P				Circulate Mud
11:52P	5.0	300.0	5.0	H2O Ahead
11:54P	5.5	320.0	12.7	Mixed 50 sks of H-plug @ 2250'
11:59P	6.0	210.0	31.9	Displace with H2O
12:50A	5.0	200.0	5.0	H2O Ahead
12:52A	5.5	320.0	25.4	Mixed 100 sks of H-plug @ 1250'
12:58A	5.0	150.0	4.2	Displace with H2O
1:39A	5.0	170.0	5.0	H2O Ahead
1:41A	5.0	200.0	12.7	Mixed 50 sks of H-plug @ 300'
1:44A	5.0	100.0	4.2	Displace with H2O
2:13A				Drop Plug
2:15A	3.3	90.0	5.0	H2O Ahead
2:19A	4.4	250.0	10.1	Mixed 10 sks of H-Plug @ 40'
2:26A	1.4	130.0	7.6	Rat Hole
2:31A	1.4	130.0	3.8	Mouse Hole
2:35A				Plug Down
2:40A				Rig Down
3:00A				Depart Location

CREW		UNIT	SUMMARY		
Cementor:	Jesse Jones	73	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Josh Mosier	230	4.42308 bpm	198 psi	133 bbls
Bulk #1:	Kale oches	242			
Bulk #2:					

250 N. Water St., Suite #200
Wichita, KS 67202



HURRICANE SERVICES INC

Customer	Darrah Oil Company LLC		Lease & Well #	Younkin #1-35		Date	9/30/2020		
Service District	Oakley KS		County & State	Logan		Legals S/T/R	35-13-35W		
Job Type	Surface	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	Legals S/T/R	New Well?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	Job #		
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures							
73	Jesse Jones	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging				
73	Josh Mosier	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection				
230	John Polley	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations				
242	Kate Ochs	<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input checked="" type="checkbox"/> Muster Point/Medical Locations				
		<input checked="" type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below					
Product/ Service									
Code	Description	Unit of Measure	Quantity	Net Amount					
W010	Heavy Equipment Mileage	mi	25.00	\$70.00					
W015	Light Equipment Mileage	mi	25.00	\$35.00					
C010	Cement Pump	ea	1.00	\$525.00					
M025	Ton Mileage -Minura	each	1.00	\$210.00					
CP070	6040/2	sks	165.00	\$1,501.50					
CP100	Calcium Chloride	lb	426.00	\$223.65					
CP120	CeRo-Flake	lb	42.00	\$51.45					
Customer Section: On the following scale how would you rate Hurricane Services Inc.?								Net:	\$2,616.60
Based on this job, how likely is it you would recommend HSI to a colleague?								Total Taxable	\$ -
<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 <small>Extremely Unlikely</small> <small>Extremely Likely</small>								Tax Rate:	
<small>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.</small>								Sales Tax:	\$ -
HSI Representative: <i>Jesse Jones</i>								Total:	\$ 2,616.60

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X _____ **CUSTOMER AUTHORIZATION SIGNATURE**

