KOLAR Document ID: 1670829

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 #: If not, is well log attached? Yes No	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.	Plugging Commenced:

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.
(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



Customer	Vess Oil		Lease & Well	# Finney 1-49				Date	10	/20/202	2		
Service District	El Dorado		County & Stat	e Butler	Legals S/T/R			Job #	E	EP6362			
Job Type	РТА	☑ PROD	□ INJ	□ SWD	New Well?	□ YES	☑ No	Ticket #	E	EP6362			
Equipment #	Driver		Job Safety Analysis - A Discussion of Hazards & Safety Procedures										
91	Kevin	☑ Hard hat		☑ Gloves		□ Lockout/Tage	out	□ Warning Signs	& Flagging				
265	Doug	H2S Monito	r	Eye Protectio	n	Required Per	mits	□ Fall Protection					
526	Devin	Safety Footw	vear	Respiratory P	rotection	☑ Slip/Trip/Fall	Hazards	☑ Specific Job Se	³ Specific Job Sequence/Expectations				
122		☑ FRC/Protect	ive Clothing	Additional Ch	nemical/Acid PPE	☑ Overhead Hazards ☑ Muster Point/			Medical Locations				
		Hearing Pro	tection	Fire Extinguis	her	□ Additional co	ues noted below						
					Сог	mments							
roduct/ Service Code		De	scription		Unit of Measure	e Quantity	List Price/Unit	Gross Amount	ltem Discount	Net	Amoun		
)10	Cement Pump S	Service			ea	1.00					\$750		
2010	Class A Cement	t			sack	90.00					\$1,710		
°100	Calcium Chlorid	le			lb	150.00					\$112		
P165	Cottonseed Hull	ls			lb	40.00					\$40		
	+												
)10	Vacuum Truck -	· 80 bbl			hr	3.00					\$270		
-080	Fresh Water				gal	2,520.00					\$50		
	-												
	+												
	+												
	<u> </u>												
Cust	tomer Section: O	In the following sca	e how would you rat	te Hurricane Servic	es Inc.?		Gross:	\$0.00	Net:		\$2,932		
	<u> </u>					Total Taxable	\$-	Tax Rate:	Sale Tax:	\geq	\sim		
B	ased on this job,	, how likely is it yo	ou would recommen		gue?	used on new well Hurricane Service	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 a	a determination if	1					
	Unlikely 1 2	3 4 5	6 7	8 9 10	Extremely Likely	services and/or p	roducts are tax	exempt.	Total:	\$	2,932		

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 1½% 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 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 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 fom 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 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.

CUSTOMER AUTHORIZATION SIGNATURE



MENT TREATMENT REDORT

CEMENT	r tre	ATMENT	REPO	DRT									
Cust	Customer Vess Oil				Well:	Well: Finney 1-49			Ticket: EP6362				
City,	State:	⊧ Wichita, KS			County		Butler			ate:	10/20/2022		
Field	d Rep:	Shane Sur	nmers	6	S-T-R				Serv	/ice:	ΡΤΑ		
Dow	nhole i	nformation			Calculated	Siurry - Lea	d			Calcul	lated Slurry - Tall		
Hole	e Size:	in			Blend				Ble	Blend:			
Hole I	Depth:	ft			Weight:	-	PPg		Wel	ght:	PPg		
Casing					Water/Sx: gal/sx					Nater / Sx: gal / sx			
Casing I	Depth:	ft			Yield:		ft ³ / sx			ield:	ft ³ / sx		
Tubing /		in			Annular Bbis / Ft.:				Annular Bbis /	Ft.:	bbs / ft.		
	Depth:	ft			Depth:		ft			pth:	ft		
Tool / Pa					Annular Volume:		bbis		Annular Volu		0 bbis		
	Depth:	ft			Excess				Exc				
Displace	antente			TOTAL	Total Slurry:		bbis		Total Siu		0.0 bbls		
TIME	RATE		FAGE Bls	TOTAL BBLs	Total Sacks: REMARKS		SX		Total Sad	e.eH	0 sx		
9:30 AM			-	-	On location safety me	eeting							
				-	Run tubing in to 652'	5							
				-	Hook up to tubing								
9:59 AM				-	Circulate well clean								
10:10 AM				-	Mix and pump 50 sks	Cement 3% C	CC with Hulls						
			$ \downarrow$	-	Displace with 1 bbl w	ater							
10:15 AM				-	Wait I hour to tag								
11:12 AM				-	Tagged @ 343' run	tubing to 310)'						
11:26 AM			-+	-	Circulate well								
				-	Mix and pump 30 sks	cement							
				-	T O H tubing								
					Top well off 10 sks Wash pump and lines								
					Rig down	•							
			\rightarrow										
	1		\rightarrow										
CREW					UNIT	SUMMARY							
Cer	Cementer: Kevin			91	4	Averag	e Rate	Average Pressure	e	Total Fluid			
Pump Op	Pump Operator: Doug				265	4	0.0	bpm	- psi		- bbls		
Bulk #1: Devin					526	-							
B	Bulk #2:				122	1							