

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



2654

Field Service, LLC

P.O. BOX 438
Haysville, KS 67060
(316) 524-1225 • FAX (316) 524-1027

Date 11-29-22

CHARGE TO: F.G. Hoff Company, LLC
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. 215-11W FIELD _____
 NEAREST TOWN _____ COUNTY Stafford STATE KS
 SPOT LOCATION NW NE-SW SEC 4 TWP. 21S RANGE 11W
 ZERO _____ CASING SIZE 4 1/2" WEIGHT _____
 CUSTOMER'S T.D. _____ GRESSEL _____ FLUID LEVEL 90'
 ENGINEER 11-30-22 OPERATOR _____

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	

DEPTH AND OPERATIONS CHARGES				
Description	Depth		Total No. Ft.	Price Per Ft.
	From	To		
<u>Set 4 1/2 CIBP at 700'</u>	<u>0</u>	<u>700</u>	<u>700</u>	<u>.72</u>

MISCELLANEOUS	
Description	Quantity
<u>Service Charge</u>	<u>1</u>
<u>4 1/2 Alpha A-2 CIBP</u>	<u>1</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Sub Total 215.20
 Tax _____

[Signature]
 Customer Signature _____ Date _____



Customer	FG HOLL	Lease & Well #	RUGAN ESA 2	Date	11/29/2022
Service District	PRATT KS	County & State	STAFFORD KS	Legals S/T/R	2-21S-12W
Job Type	PTA	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	New Well?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No	Job #
Equipment #	Driver	Ticket #			
912	MATTAL	WP3678			
265	NOELLER				
182/534	STRICKLAND				

- Job Safety Analysis - A Discussion of Hazards & Safety Procedures**
- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> Hard hat | <input checked="" type="checkbox"/> Gloves | <input type="checkbox"/> Lockout/Tagout | <input type="checkbox"/> Warning Signs & Flagging |
| <input type="checkbox"/> H2S Monitor | <input checked="" type="checkbox"/> Eye Protection | <input type="checkbox"/> Required Permits | <input type="checkbox"/> Fall Protection |
| <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"/> FRC/Protective Clothing | <input type="checkbox"/> Additional Chemical/Acid PPE | <input type="checkbox"/> Overhead Hazards | <input type="checkbox"/> Muster Point/Medical Locations |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Additional concerns or issues noted below | |

Comments

Product/Service Code	Description	Unit of Measure	Quantity	Net Amount
CP010	Class A Cement	sack	350.00	
CP165	Cottonseed Hulls	lb	100.00	
CP100	Calcium Chloride	lb	423.00	
M015	Light Equipment Mileage	mi	55.00	
M010	Heavy Equipment Mileage	mi	110.00	
M020	Ton Mileage	tn	1,034.00	
C060	Cement Blending & Mixing Service	sack	350.00	
R061	Service Supervisor	day	1.00	
C025	Cement Pump - Hourly Service	hr	1.00	
D011	Depth Charge: 501'-1000'	job	1.00	

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?

Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely

Total Taxable	\$ -	Tax Rate:	
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.		Sale Tax:	
		Total:	

HSI Representative: *Mike Mattal*

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 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 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**

