

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



CEMENT TREATMENT REPORT

Customer: FG HOLL	Well: KLEPPER NW 2	Ticket: WP3710
City, State: ELLINWOOD KS	County: STAFFORD KS	Date: 12/7/2022
Field Rep:	S.T.R.: 18-21S-11W	Service: PTA

Hole Size:	in
Hole Depth:	ft
Casing Size:	4 1/2 in
Casing Depth:	ft
Tubing / Liner:	3 3/8 in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	1.9 bbls

Blend:	CLASS A
Weight:	15.8 ppg
Water / Sx:	5.2 gal / sx
Yield:	1.18 ft ³ / sx
Annular Bbls / Ft.:	bbls / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	58.0 bbls
Total Sacks:	275 sx

Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbls / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	#DIV/0! sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
9:45 AM			-	-	ON LOCATION
					1ST PLUG AT 3000'
10:30 AM	4.0	250.0	4.0	4.0	ESTABLISH CIRCULATION
10:34 AM	4.0	250.0	5.2	9.2	MIX 25 SKS CLASS A 2% CALCIUM CHLORIDE
10:36 AM	4.0	250.0	5.3	14.5	MIX 25 SKS CLASS A 2% CALCIUM CHLORIDE WITH 100 LBS COTTON SEED HULLS
10:38 AM	4.0	80.0	14.0	28.5	START DISPLACEMENT
				28.5	
				28.5	2ND PLUG AT 660'
1:43 PM	4.0	150.0	4.0	32.5	ESTABLISH CIRCULATION
1:49 PM	4.0	150.0	5.2	37.7	MIX 25 SKS CLASS A WITH 2% CALCIUM CHLORIDE
1:51 PM	4.0	150.0	5.3	43.0	MIX 25 SKS CLASS A WITH 2% CALCIUM CHLORIDE WITH 100 LBS COTTON SEED HULLS
1:53 PM	4.0	75.0	2.5	45.5	START DISPLACEMENT
				45.5	3RD PLUG AT 360'
2:07 PM	4.0	100.0	1.0	46.5	ESTABLISH CIRCULATION
2:10 PM	4.0	100.0	21.0		MIX 100 SKS CLASS A
					CEMENT TO SURFACE OUT 5 1/2
2:49 PM	4.0	100.0	10.5	10.5	MIX 50 SKS CLASS A, DOWN CASING
				10.5	CEMENT TO SURFACE OUT 8 5/8
3:00 PM	1.0	25.0	5.2	15.7	MIX 25 SKS CLASS A FOR TOP OFF
				15.7	CEMENT DOWN 2 SECONDS
					JOB COMPLETE, THANK YOU!
					MIKE MATTAL
					KEVIN & JOSE

CREW		UNIT	SUMMARY		
Cementer:	MATTAL	012	Average Rate	Average Pressure	Total Fluid
Pump Operator:	NOELLER	265	3.8 bpm	140 psi	83 bbls
Bulk #1:	JULIAN	528/256			
Bulk #2:					



Customer	FG HOLL		Lease & Well #	KLEPPER NW 2		Date	12/7/2022	
Service District	PRATT		County & State	STAFFORD KS		Legals S/T/R	18-21S-11W	
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	Job Safety Analysis - A Discussion of Hazards & Safety Procedures						
912	MATTAL	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging			
265	NOELLER	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection			
526/256	JULIAN	<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	275.00	
CP100	Calcium Chloride	lb	200.00	
CP165	Cottonseed Hulls	lb	200.00	
W015	Light Equipment Mileage	mi	35.00	
W010	Heavy Equipment Mileage	mi	70.00	
W020	Ton Mileage	tn	463.00	
C060	Cement Blending & Mixing Service	sack	275.00	
D013	Depth Charge: 2001'-3000'	job	1.00	
R061	Service Supervisor	day	1.00	

Customer Section: On the following scale how likely would you recommend HSI to a colleague?

Based on this job, how likely is it you would recommend HSI to a colleague?										Total Taxable	\$ -	Tax Rate:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.		
Unlikely	1	2	3	4	5	6	7	8	9	10	Extremely Likely	
										HSI Representative: <i>Mike Mattal</i>		

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**



Service Order No.

4821

457 Yucca Lane • Pratt, Kansas 67124 • 620-388-5676

Date 12/05/22

Company F.G. Hall			Client Order# 02		
Billing Address		City	State	Zip	
Lease & Well # Klepper NW2-17		Field Name		Legal Description (coordinates) NW SW NW Sec 17	
County Stafford	State KS	Casing Size		Casing Weight 225-11W	
Fluid Level (surface)		Reading from	Customer T.D.	Excel Wireline T.D.	
Engineer	Operator	Operator		Unit# 02	

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
12/6/22	Service Charge		950			950.00
	1st plug 1st plug at 3,000 ft					1000.00
12/7/22	Squeeze holes					1050.00
	Shot @ 650'					950.00
	Shot @ 360'					950.00
						1000.00

Received the above service according to the terms and conditions specified below, which we have read and to which we hereby agree.

Customer _____

General Terms and Conditions

- All accounts are to be paid within the terms fixed by Excel Wireline invoices and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice. Interest, Attorney, Court, Filing and other fees will be added to accounts turned over to collections.
- Because of the uncertain conditions existing in a well which are beyond the control of Excel Wireline, it is understood by the customer that Excel Wireline cannot guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.
- Should any of Excel Wireline instruments be lost or damaged in the performance of the operations requested, the customer agrees to make every reasonable effort to recover same, and to reimburse Excel Wireline for the value of the items which cannot be recovered or for the cost of repairing damage to items recovered.
- It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees, and customer hereby certifies that the zones, as shot, were approved.
- The customer certifies that it has the full right and authority to order such work on such well, and that the well in which the work to be done by Excel Wireline is in proper and suitable condition for the performance of said work.
- No employee is authorized to alter the terms or conditions of this agreement.

SUBTOTAL	
DISCOUNT	
SUBTOTAL	
TAX	
NET TOTAL	