

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



MIDWEST WIRELINE

Midwest Wireline, LLC

Service Order No.

1-2137

Phone: 785.625.3858

Fax: 785.621.7718

Date: 10-27-22

Client Info	Company Buckeye West LLC			Client Order # OW		
	Billing Address			City	ST	Zip
Well Info	Lease & Well # Gruber 7-3B-B		Field Name		Legal Description (coordinates)	
	Nearest Town		County Brown	State KS	Casing Size 5 1/2	Casing Weight
	Fluid oil/water	Level (surf.) 500	Reading from	Customer T.D.	Midwest T.D.	Elevation
Crew	Engineer C McLaughlin	Truck Driver J Rome		Crew Members		Unit # 206 150 Miles

10000	Truck Rental					2200 ⁰⁰
15071	Setting Service	Depth	min		2640	1600 ⁰⁰
15072	Setting Service	Operations				2600 ⁰⁰
	CIBP @ 2640					

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

Client Approval	
Name Printed	Signature / Date

Midwest Field Representative	
Name Printed	Signature / Date

S Craig McLaughlin 10-27-22

SUBTOTAL	
DISCOUNT	
SUBTOTAL	2300 ⁰⁰
TAX	172.50
NET TOTAL	\$2,472.50

MIDWEST OFFICE USE ONLY - Manager Approval	
Name Printed	Signature / Date

Stephanie Lowry 11-1-22

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



HURRICANE
 SERVICES
 INC.

Cement or Acid Field Report
 Ticket No. **6812**
 Foreman KEVIN MCCOY
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11-1-22	1024	Gruber 7-3				BROWN	Ks
Customer <u>Buckeye West LLC</u>		Mailing Address <u>P.O. Box 129</u>	Safety Meeting <u>KM SF SM</u>	Unit #	Driver	Unit #	Driver
City <u>Wooster</u>				State <u>OH</u>	Zip Code <u>44691</u>	<u>111</u>	<u>SHANNON F.</u>
				<u>112</u>	<u>Steve M.</u>		

Job Type P.T.A. old well Hole Depth _____ Slurry Vol. _____ Tubing 2 7/8"
 Casing Depth _____ Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 1/2 Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting: CIBP Set @ 2640' RAN 2 7/8" Tubing. Spot Cement Plugs As Following.
20 SKS @ 2618'
Gel Spacer
25 SKS @ 1588'
Gel Spacer
30 SKS 250' to SURFACE

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 105	1	Pump Charge	1180.00	1180.00
C 107	0	Mileage 2 nd well of 2	0	N/C
C 203	75 SKS	60/40 Pozmix Cement	15.75	1181.25
C 206	260 *	Gel 4%	.30*	78.00
C 108B	3.23 TONS	TON Mileage 175 miles	1.50	847.88
C 206	700 *	Gel Spacer	.30*	210.00
			Sub Total	3,497.13
			Less 5%	187.96
			Sales Tax	262.28
			Total	3,571.45

THANK YOU
 M

Authorization By Steve

Title _____

Total

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.



HURRICANE SERVICES INC
Well Services Division

Rig # 707 Company Buckeye West Time Out 10:00 Ticket # EW4545
 Operator Jerico Lease Gruber Time On 10:45 Job # _____
 Floorhand Craig Well # 7-3 B-3 New Old Time Off 4:00 Date 10-26-22
 Floorhand Rob State/Co. Ks/Brown Time In 4:30 Rig Rate \$240⁰⁰
 Total Hours 6.5

Job Safety Analysis - A Discussion of Hazards & Safety Procedures

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Hard Hat | <input type="checkbox"/> Gloves | <input checked="" type="checkbox"/> Lockout/Tagout | <input checked="" type="checkbox"/> Warning Signs & Flagging |
| <input checked="" type="checkbox"/> US Monitor | <input checked="" type="checkbox"/> Eye Protection | <input checked="" type="checkbox"/> Required Permits | <input type="checkbox"/> Specific Job Sequence/Expectations |
| <input checked="" type="checkbox"/> Safety Footwear | <input type="checkbox"/> Respiratory Protection | <input checked="" type="checkbox"/> Fall Protection | <input checked="" type="checkbox"/> Muster Point/Medical Locations |
| <input checked="" type="checkbox"/> PPE/Protective Clothing | <input type="checkbox"/> Additional Chemical/Acid PPE | <input type="checkbox"/> Slip/Trip/Fall Hazards | <input type="checkbox"/> Additional concerns/issues noted below |
| <input checked="" type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fire Extinguisher | <input checked="" type="checkbox"/> Overhead Hazards | |

Pulled Out

Polish Rod
 Polish Rod Liner
 Rod Subs
 Rods (Qty & Size)
 Pump Data
 Tubing Subs
 Tubing (Qty & Size)
 Seat Nipple/Barrel
 Anchor/Packer
 Mud Anchor/Bull Plug
 Job Type:

1 1/4 x 22'
1 1/2 x 10' Type <u>BRASS</u>
2' 4' x 1 6' x 1 8' 10'
80 3/4
2 3/4 on/off
2' 4' 6' 8' 10'

Tubing Leak

Rod Part

Pump Change

Workover

Completion

Ran In

Polish Rod
 Polish Rod Liner
 Rod Subs
 Rods (Qty & Size)
 Pump Data
 Tubing Subs
 Tubing (Qty & Size)
 Seat Nipple/Barrel
 Anchor/Packer
 Mud Anchor/Bull Plug

Additional Charges

Gas 5 Diesel _____ Oil Saver Rubbers (qty) _____ Per Diem X3 Motel X3
 Swab Cups (Size and Style) _____ Quantity _____
 Swab Cups (Size and Style) _____ Quantity _____
 Fishing Tool Sand Pump Paint Pipe Lube Wash Head

Extra Equipment Tongs x 1

Remarks: D.T.C Held safety meeting Rigger up pulled rods out in singles. Rigger over pulled wet tubing cleaned up. Shut down. Moved pipe from pipe yard to the well to get to bottom. Drove to motel.

Disclaimer Notice: Customer represents and warrants all well and associated equipment is in acceptable condition to receive service 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.

Customer Representative _____

Thanks for your continued business!



HURRICANE SERVICES INC
Well Services Division

Rig # 707 Company Buckeye West Time Out 6:30 Ticket # EW4549
 Operator Jerico Lease Gruber Time On 7:00 Job # EW4545
 Floorhand Craig Well # 7-3 8-3 New Old Time Off 1:00 Date 10-27-22
 Floorhand Robert State/Co. KS/ Brown Time In _____ Rig Rate \$240⁰⁰
 Total Hours 6.5

Job Safety Analysis - A Discussion of Hazards & Safety Procedures

- Hard Hat
- Gloves
- Lockout/Tagout
- Warning Signs & Flagging
- H2S Monitor
- Eye Protection
- Required Permits
- Specific Job Sequence/Expectations
- Safety Footwear
- Respiratory Protection
- Fall Protection
- Muster Point/Medical Locations
- PPE/Protective Clothing
- Additional Chemical/Acid PPE
- Slip/Trip/Fall Hazards
- Additional concerns/issues noted below
- Hearing Protection
- Fire Extinguisher
- Overhead Hazards

Pulled Out

Polish Rod					
Polish Rod Liner	Type				
Rod Subs	2'	4'	6'	8'	10'
Rods (Qty & Size)					
Pump Data					
Tubing Subs	2'	4'	6'	8'	10'
Tubing (Qty & Size)					
Seat Nipple/Barrel					
Anchor/Packer					
Mud Anchor/Bull Plug					

Ran In

Polish Rod					
Polish Rod Liner	Type				
Rod Subs	2'	4'	6'	8'	10'
Rods (Qty & Size)					
Pump Data					
Tubing Subs	2'	4'	6'	8'	10'
Tubing (Qty & Size)					
Seat Nipple/Barrel					
Anchor/Packer					
Mud Anchor/Bull Plug					

Job Type: Tubing Leak Rod Part Pump Change Workover Completion

Additional Charges

Gas 5 Diesel _____ Oil Saver Rubbers (qty) _____ Per Diem 43 Motel 43
 Swab Cups (Size and Style) _____ Quantity _____
 Swab Cups (Size and Style) _____ Quantity _____
 Fishing Tool Sand Pump Paint Pipe Lube Wash Head

Extra Equipment Tong 1

Remarks: D.T.G Held safety meeting waited on Bob to bring some pipe. unload pipe on racks wait on Midwest wireline to show up & shoot a BP. put BP @ 2640 Ran in tubing to 2618 set slips cleaned up Rigged down moved to next location.

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Customer Representative _____

Thanks for your continued business!