

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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 |
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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



| | | | | | |
|------------------|---|----------------|---|--------------|------------|
| Customer | FG Holl | Lease & Well # | Wheaton Trust A 1-16 | Date | 2/6/2023 |
| Service District | Pratt Kansas | County & State | Edwards, Kansas | Legals S/T/R | 16-24s-18w |
| Job Type | PTA <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD <input type="checkbox"/> | New Well? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> No | Job # | |
| Equipment # | Driver | Ticket # | | | |

| Equipment # | Driver | Job Safety Analysis - A Discussion of Hazards & Safety Procedures | | | |
|-------------|-------------|---|--|--|--|
| 916 | M Brungardt | <input checked="" type="checkbox"/> Hard hat | <input checked="" type="checkbox"/> Gloves | <input type="checkbox"/> Lockout/Tagout | <input type="checkbox"/> Warning Signs & Flagging |
| 181/521 | A Clifton | <input type="checkbox"/> H2S Monitor | <input type="checkbox"/> Eye Protection | <input type="checkbox"/> Required Permits | <input type="checkbox"/> Fall Protection |
| 182/534 | J Triveno | <input checked="" type="checkbox"/> Safety Footwear | <input checked="" type="checkbox"/> Respiratory Protection | <input checked="" 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 checked="" type="checkbox"/> Overhead Hazards | <input checked="" 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

lewis kansas west to road 150 then north to road j east to fiberglass tank north into

| Product/ Service Code | Description | Unit of Measure | Quantity | Net Amount |
|-----------------------|----------------------------------|-----------------|----------|------------|
| cp055 | H-Plug A | sack | 350.00 | |
| cp166 | Cottonseed Hulls | lb | 400.00 | |
| m015 | Light Equipment Mileage | mi | 55.00 | |
| m010 | Heavy Equipment Mileage | mi | 110.00 | |
| m020 | Ton Mileage | tn | 946.00 | |
| c060 | Cement Blending & Mixing Service | sack | 400.00 | |
| df012 | Depth Charge: 1001'-2000' | job | 1.00 | |
| c035 | Cement Data Acquisition | job | 1.00 | |
| r061 | Service Supervisor | day | 1.00 | |
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|--|--|--|--|--|
| Customer Section: On the following scale how would you rate Hurricane Services Inc.? | | | | N |
| <p>Based on this job, how likely is it you would recommend HSI to a colleague?</p> <p style="text-align: center;"> <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"/> <input type="checkbox"/> </p> <p style="text-align: center;"> Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely </p> | | | | <p>Total Taxable \$ - Tax Rate:</p> <p>Sale Tax</p> <p>Total:</p> |
| <p>HSI Representative: <i>Mark Brungardt</i></p> | | | | <p>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.</p> |

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**

