

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.

(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

Form	CP4 - Well Plugging Record
Operator	Chizum Oil, LLC
Well Name	CRESS 1-28
Doc ID	1705779

Producing Formations

Formation	Top	Bottom	Total Depth
Cherokee	4722	4735	5000
Myric	4652	4672	5000
Stark	4506	4517	5000
Stark	4450	4466	5000



Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:
CHIZUM OIL LLC
346 S. LULU ST
WICHITA, KS 67211

Invoice Date: 3/8/2023
Invoice #: 0366995
Lease Name: Cress
Well #: 1-28
County: Sherman, Ks
Job Number: WW8401
District: Garden City

Date/Description	HRS/QTY	Rate	Total
3/6 WW8401 Rig 721	11.500	335.000	3,852.50
Wash Gas	3.000	4.000	12.00
Motel & Perdiem	4.000	150.000	600.00
3/7 WW8412 Rig 721	12.500	335.000	4,187.50
Motel & Perdiem	4.000	150.000	600.00
3/8 WW8428 Rig 721	2.000	335.000	670.00

Net Invoice	9,922.00
Sales Tax:	868.18
Total	10,790.18

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!


HURRICANE SERVICES INC
 Well Services Division

 Hurricane Services Inc.
 #7 Industrial Drive
 Hill City, KS 67642

Rig #	<u>721</u>	Company	<u>Chizum</u>	Time Out	<u>7:00 am</u>	Ticket #	<u>8401</u>
Operator	<u>Aldo P</u>	Lease	<u>Cress</u>	Time On	<u>12:00 pm</u>	Job #	<u>8401</u>
Floorhand	<u>Santiago D.</u>	Well #	<u>1-28</u>	Time Off	<u>5:30 pm</u>	Date	<u>3-6-23</u>
Floorhand	<u>Jorge Dela Cruz</u>	State/Co.	<u>Thomas KS</u>	Time In	<u>6:30 pm</u>	Rig Rate	<u>\$335⁰⁰</u>
	<u>Aaron G.</u>			Total Hours	<u>11.5</u>		

Job Safety Analysis - A Discussion of Hazards & Safety Procedures

<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
<input type="checkbox"/> H2S Monitor	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Specific Job Sequence/Expectations
<input type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Muster Point/Medical Locations
<input type="checkbox"/> FRC/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 type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> 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)	<u>153 - 2 3/8</u>
Seat Nipple/Barrel	<u>2 3/8</u>
Anchor/Packer	
Mud Anchor/Bull Plug	<u>2 3/8 X 15'</u>

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	<u>3 gal</u>	Diesel	_____	Oil Saver Rubbers (qty)	_____	Per Diem	<u>\$ 600⁰⁰</u>
Swab Cups (Size and Style)	_____	Quantity	_____				
Swab Cups (Size and Style)	_____	Quantity	_____				
Fishing Tool <input type="checkbox"/>	Sand Pump <input type="checkbox"/>	Paint <input type="checkbox"/>	Pipe Lube <input type="checkbox"/>	Wash Head <input type="checkbox"/>			

Extra Equipment _____

 Remarks: Drove to location, with the Rig/DHouse,
Spotted in, Rig Up Rig. Rig Over for tubing
unpack well. Start laying down pipe, lay down pipe
Seat Nipple, Mud Anchor, loose well Head, shut
Down. Drove Back.

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

Hurricane Services Inc.
#7 Industrial Drive
Hill City, KS 67642

Rig # 721 Company Chizum Time Out 6:30 am Ticket # 8412
Operator Aldo P. Lease Cress Time On 7:30 am Job # 8401
Floorhand Santiago D. Well # I-28 New/Old (C) Time Off 6:00 pm Date 3-7-23
Floorhand Jorge Dela O. State/Co. Thomas KS Time In 7:00 pm Rig Rate \$335⁰⁰
Total Hours 12.5

Job Safety Analysis - A Discussion of Hazards & Safety Procedures

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Hard Hat | <input checked="" type="checkbox"/> Gloves | <input checked="" type="checkbox"/> Lockout/Tagout | <input checked="" type="checkbox"/> Warning Signs & Flagging |
| <input checked="" type="checkbox"/> H2S Monitor | <input checked="" type="checkbox"/> Eye Protection | <input checked="" type="checkbox"/> Required Permits | <input checked="" type="checkbox"/> Specific Job Sequence/Expectations |
| <input checked="" type="checkbox"/> Safety Footwear | <input checked="" type="checkbox"/> Respiratory Protection | <input checked="" type="checkbox"/> Fall Protection | <input checked="" type="checkbox"/> Muster Point/Medical Locations |
| <input checked="" type="checkbox"/> FRC/Protective Clothing | <input checked="" type="checkbox"/> Additional Chemical/Acid PPE | <input checked="" type="checkbox"/> Slip/Trip/Fall Hazards | <input checked="" type="checkbox"/> Additional concerns/issues noted below |
| <input checked="" type="checkbox"/> Hearing Protection | <input checked="" type="checkbox"/> Fire Extinguisher | <input checked="" type="checkbox"/> 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	
Job Type:	Tubing Leak <input type="checkbox"/> Rod Part <input type="checkbox"/> Pump Change <input type="checkbox"/> Workover <input type="checkbox"/> Completion <input type="checkbox"/>

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	

Additional Charges

Gas _____ Diesel _____ Oil Saver Rubbers (qty) _____ Per Diem \$600⁰⁰
Swab Cups (Size and Style) _____ Quantity _____
Swab Cups (Size and Style) _____ Quantity _____
Fishing Tool ☐ Sand Pump ☐ Paint ☐ Pipe Lube ☐ Wash Head ☐

Extra Equipment _____

Remarks: Drove to location, Start the Rig, Dug around the well head from casing, Rig Up wireline, Ran (CIBP) Seat at @ 4,410, 2 more Bars of Cement, Rig Over for Casing 5 1/2 try to in Seat the slips, Couldn't pulled, Rig Up wireline, Ran Guns to 2,966 - 2,125, Start bar in pipe 140' Ints, pumped Cement, lay Down 43 Ints, Pumped again, lay Down another 49 Ints Pumped Again Cement, lay Down all Ints, Fill Up to surface Clean tools Loc. Shut Down. Drove Back.

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Customer Representative _____

Thanks for your continued business!


HURRICANE SERVICES INC
Well Services Division

Rig # 721 Company Chizom Time Out 7:00 am Ticket # 8428
 Operator Aldo P. Lease Cress Time On 8:00 am Job # 8401
 Floorhand Santiago D. Well # 1-28 Time Off 8:30 am Date 3-8-23
 Floorhand Surge Det 6" State/Co. Thomas KS Time In 9:00 am Rig Rate \$335.00
Aaron G Total Hours 2

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

Type					
2'	4'	6'	8'	10'	
2'	4'	6'	8'	10'	

Job Type: 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

Type					
2'	4'	6'	8'	10'	
2'	4'	6'	8'	10'	

Additional Charges

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

Extra Equipment _____

Remarks: Drove to location, Start the Rig, Rig Down
Rig move to Next loc.

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Customer Representative _____

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