

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

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



**Ellinwood, KS
620-727-3409**

TO: F.G. HOLL
ATTN: LOVENESS MPJANJE

INV#10102023

OCTOBER 10 2023
LEASE- ENLOW 1

OCTOBER 10 2023
RIG TIME 11.5 HOURS @\$270.00 =\$3105.00
BACKHOE SERVICES 3 HOURS @ \$100.00 =\$300.00
DROVE DOWN BLEW LITTLE GAS OFF PULLED TUBING TRIED TO SET PLUG
COULDN'T GET PAST 2500 RAN TUBING BACK IN SHUT IN DUG CELLAR AND
PIT

OCTOBER 16 2023
RIG TIME 8 HOURS @ \$270.00 =\$2160.00
PUMPED 75 SKS 200# HULLS PULLED OUT PRESSURED UP TO 500' PERFORATED
1080 PUMPED 50 SKS PULLED OUT PERFORATED 330' SWEDGED IN PUMPED 275
SKS TO SURFACE TORE DOWN LOADED OUT

OCTOBER 17 2023
CEMENT 12 SKS @\$15.00 =\$180.00
WELDING/TORCH SERVICES 3 HOURS @\$75.00 =\$225.00
BACKHOE SERVICES 3 HOURS @ \$100.00 =\$300.00
CUT WELL OFF AND SURFACE DOWN TOPPED WELL OFF 12 SKS FILLED CELLAR
AND PIT LEVELED LOCATION

TOTAL FOR WELL \$6270.00
NONTAXABLE BACKHOE -\$600.00

\$5670.00
EDWARDS COUNTY TAX \$481.95
TOTAL \$6751.95

PAYABLE TO TAR LLC
190 US HWY 56
ELLINWOOD KANSAS 67526
620-727-3409 RICHARD



CEMENT TREATMENT REPORT

Customer: FG Holl	Well: Lowe 1	Ticket: wp 4791
City, State: Macksville Kansas	County: Edwards.Kansas	Date: 10/16/2023
Field Rep: Richard McIntyre	S-T-R: 36-24s-16w	Service: Pta

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	7 7/8 in	Blend:	H-Plug	Blend:	
Hole Depth:	4100 ft	Weight:	13.7 ppg	Weight:	ppg
Casing Size:	4 1/2 in	Water / Sx:	6.9 gal / sx	Water / Sx:	gal / sx
Casing Depth:	4100 ft	Yield:	1.43 ft³ / sx	Yield:	ft³ / sx
Tubing / Liner:	2 3/8 in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	4100 ft	Depth:	ft	Depth:	ft
Tool / Packer:		Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	8.5 bbls	Total Slurry:	101.8 bbls	Total Slurry:	0.0 bbls
		Total Sacks:	400 sx	Total Sacks:	0 sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
9:30 AM			-	-	on location job and safety
9:40 AM			-	-	spot trucks and rig up
			-	-	
10:23 AM			-	-	1st plug 75 sacks H-plug +3%cc & 200lbs hulls
	5.0	100.0	10.0	10.0	fresh water
	4.0	350.0	12.0	22.0	mix 75 sacks Hplug w/3%cc and 200lbs hulls
	4.0	350.0	8.5	30.5	displacement
12:30 AM	2.0	500.0	26.0	26.0	test plug at 4100 ft
				26.0	
1:30 AM					2nd plug 50 sacks at 1080
	2.0	50.0	0.2		load the hole
	2.0	80.0	12.7		mix 50 sacks cement
	2.0	80.0	0.5		displacement
2:45 PM					3rd plug at 330 ft
	2.0	130.0	70.0		mix 275 sacks to surface

CREW		UNIT	SUMMARY		
Cementer:	M Brungardt	916	Average Rate	Average Pressure	Total Fluid
Pump Operator:	M McGraw	540/522	2.9 bpm	205 psi	140 bbls
Bulk #1:	B Whitfeild	182/534			
Bulk #2:					



Customer	FG Holl	Lease & Well #	Low 1	Date	10/16/2023
Service District	Pratt Kansas	County & State	Edwards.Kansas	Legals S/T/R	36-24s-16w
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
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
540/522	M McGraw	<input type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
182/534	B Whitfeild	<input checked="" type="checkbox"/> Safety Footwear	<input 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

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
cp055	H-Plug A	sack	400.00	\$6,400.00
cp100	Calcium Chloride	lb	200.00	\$150.00
cp165	Cottonseed Hulls	lb	200.00	\$200.00
c025	Cement Pump - Hourly Service	hr	2.00	\$500.00
m015	Light Equipment Mileage	mi	40.00	\$80.00
m010	Heavy Equipment Mileage	mi	80.00	\$320.00
m020	Ton Mileage	tm	688.00	\$1,032.00
c060	Cement Blending & Mixing Service	sack	400.00	\$560.00
d014	Depth Charge: 3001'-4000'	job	1.00	\$2,250.00
c035	Cement Data Acquisition	job	1.00	\$250.00
r061	Service Supervisor	day	1.00	\$275.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Net:	\$12,017.00
Based on this job, how likely is it you would recommend HSI to a colleague?		Total Taxable \$	-
<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"/>		Tax Rate:	
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely		Sale Tax:	\$ -
		Total:	\$ 12,017.00

HSI Representative: *Mark Brungardt*

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 3/4% 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**