

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, LLC
 PO Box 793
 Hays, KS 67601
 (785)625-3858

Invoice

Date	Invoice #
11/17/2023	2715

Bill To
Buckeye West P.O. Box 129 Wooster, OH 44691

Well Name: Roush #11-10
 County, State: Brown, KS
 Due Date: 12/17/2023
 Unit #: P-106
 Terms: Net 30

Check Remit to Address:
 PO Box 793
 Hays, KS 67601

ACH Payment Preferred:
 Equity Bank
 Checking Acct Name: Midwest Wireline LLC
 Account Number: 7701058917
 Routing Number: 101105354

Description	Quantity	Price	Amount
Truck Rental / Rig-up	1	2,200.00	2,200.00T
Gauge Ring / Junk Basket - Depth	4,000	0.27	1,080.00T
Gauge Ring / Junk Basket - Operations	1	800.00	800.00T
Setting Service - Depth	4,000	0.40	1,600.00T
Setting Service - Operations	1	2,600.00	2,600.00T
Sector Bond / Gamma Ray Log - Depth	4,000	1.10	4,400.00T
Sector Bond / Gamma Ray Log - Operations	2,250	1.10	2,475.00T
Subtotal of Invoice			15,155.00
Total Discount - CL		-11,155.00	-11,155.00
Brown County Sales Tax		7.50%	300.00

Thank you for your business.	Total	\$4,300.00
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MIDWEST WIRELINE

Midwest Wireline, LLC

Service Order No.

1- 2715

Phone: 785.825.3858

Fax: 785.821.7718

Date: 11/17/23

Client Info	Company <u>BOP West</u>			Client Order # <u>OW</u>			
	Billing Address			City	ST	Zip	
Well Info	Lease & Well # <u>Rough B 11-10</u>			Field Name		Legal Description (coordinates) <u>10 15 15 E</u>	
	Nearest Town <u>Salathie</u>		County <u>Brown</u>	State <u>Kansas</u>	Casing Size	Casing Weight	
	Fluid <u>water</u>	Level (surf.) <u>450</u>	Reading from <u>GL</u>	Customer T.D.	Midwest T.D.	Elevation <u>1155</u>	KB Elevation
Crew	Engineer <u>Trent</u>		Truck Driver <u>Rome</u>		Crew Members	Unit # <u>106</u>	Miles

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
10000	Truck Rental	1				2100 ⁰⁰
15041	DEPTH CHARGE	min	.27	0	2713	1080 ⁰⁰
15042	Gauge Ring	1				800 ⁵⁰
15071	DEPTH CHARGE	min	.40	0	2650	1600 ⁰⁰
15072	5 1/2 CIRP ADHA 4.24	1				2400 ⁰⁰
12151	DEPTH CHARGE	min	1.1	0	2650	4400 ⁰⁰
12152	SCBL	2750	1.1	2650	400	2475 ⁰⁰
	1-BB3					
	1-B10 PC					

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 <u>11/17/23</u>

SUBTOTAL	14,955 14,955 ⁰⁰
DISCOUNT	
SUBTOTAL	4000 ⁰⁰
TAX	300.00
NET TOTAL	4300.00

MIDWEST OFFICE USE ONLY - Manager Approval	
Name Printed	Signature / Date <u>11-21-23</u>



HURRICANE SERVICES INC

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

Customer:
BUCKEYE WEST LLC
PO BOX 129
WOOSTER, OH 44691

Invoice Date: 11/21/2023
Invoice #: 0372921
Lease Name: Roush
Well #: 11-10
County: Brown, Ks
Job Number: EP11497
District: Eureka

Date/Description	HRS/QTY	Rate	Total
PTA	0.000	0.000	0.00
Cement Pump Service	1.000	1,250.000	1,250.00
Heavy Equipment Mileage	175.000	4.000	700.00
Light Eq Mileage	175.000	2.000	350.00
Cement Pozmix 60/40	170.000	16.000	2,720.00
Bentonite Gel	585.000	0.450	263.25
Bentonite Gel (Spacer)	500.000	0.450	225.00
Ton Mileage	1,330.000	1.500	1,995.00
Service Supervisor	1.000	275.000	275.00

Net Invoice	7,778.25
Sales Tax:	470.27
Total	8,248.52

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!



Customer	Buckeye West LLC	Lease & Well #	Roush # 11- 10	Date	11/21/2023
Service District	Eureka	County & State	Brown, Ks	Legals S/T/R	10 1S 16E
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 #					EP11497

Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
1004	Kevin M	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
1201	Alan M	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
1210	Wes C	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input checked="" type="checkbox"/> Slip/Trip/Fall Hazards	<input checked="" type="checkbox"/> Specific Job Sequence/Expectations
		<input 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 checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	

Comments	
API # 15-013-20035-00-00 PTA, Roush # 11-10	

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
C013	Cement Pump Service	ea	1.00	\$1,250.00
M010	Heavy Equipment Mileage	mi	175.00	\$700.00
M015	Light Equipment Mileage	mi	175.00	\$350.00
CP070	60/40 Pozmix A	sack	170.00	\$2,720.00
CP095	Bentonite Gel 4%	lb	585.00	\$263.25
CP095	Bentonite Gel for gel spacer	lb	500.00	\$225.00
M020	Ton Mileage	tm	1,330.00	\$1,995.00
R061	Service Supervisor	day	1.00	\$275.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Net:	\$7,778.25
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:	
##### 1 2 3 4 5 6 7 8 9 10 H (up/down)		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.	Sale Tax: \$ -
		Total:	\$ 7,778.25
		HSI Representative:	<i>Thank You Kevin McCoy</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**

Midwest Wireline, LLC
 PO Box 793
 Hays, KS 67601
 (785)625-3858

Invoice

Date	Invoice #
11/17/2023	2715

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Buckeye West P.O. Box 129 Wooster, OH 44691

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 County, State: Brown, KS
 Due Date: 12/17/2023
 Unit #: P-106
 Terms: Net 30

Check Remit to Address:
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ACH Payment Preferred:
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 Checking Acct Name: Midwest Wireline LLC
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Service Order No.

1- 2715

Phone: 785.825.3858

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	Nearest Town <u>Salathie</u>		County <u>Brown</u>	State <u>Kansas</u>		Casing Size	Casing Weight	
	Fluid <u>water</u>	Level (surf.) <u>450</u>	Reading from <u>GL</u>	Customer T.D.	Midwest T.D.	Elevation <u>1155</u>	KB Elevation	
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Name Printed	Signature / Date

Midwest Field Representative	
Name Printed	Signature / Date <u>11/17/23</u>

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Job #					Job #
Ticket #					EP11497

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<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:	
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X _____ **CUSTOMER AUTHORIZATION SIGNATURE**

