

**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**

Hurricane Services, Inc.  
 250 N. Water St., Suite #200  
 Wichita, KS 67202



Customer		Falcon Exploration, Inc		Lease & Well #		Rock Creek #1-19		Date		11/12/2023					
Service District		Eureka		County & State		Butler, Ks		Legals S/T/R		19 25S 4E					
Job Type		PTA		<input type="checkbox"/> PROD		<input type="checkbox"/> INJ		<input type="checkbox"/> SWD		New Well?					
		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/> No					
										Job #					
										Ticket #					
										EP11364					
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		Steve M		<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							
<b>Comments</b>															
API # 15-015-24217 PTA Rock Creek #1-19 Rig up to 4 1/2" drill pipe, spot cement plugs as following, 35 sx @ 275', 25sx @ 60', 35sx RH 25sx MH															
Product/ Service Code															
		Description		Unit of Measure		Quantity				Net Amount					
D010		Depth Charge 0' - 500'		job		1.00				\$1,000.00					
M010		Heavy Equipment Mileage		mi		45.00				\$180.00					
M015		Light Equipment Mileage		mi		45.00				\$90.00					
CP070		60/40 Pozmix A		sack		120.00				\$1,920.00					
CP095		Bentonite Gel 4%		lb		415.00				\$186.75					
M025		Ton Mileage - Minimum		each		1.00				\$400.00					
R061		Service Supervisor		day		1.00				\$275.00					
Customer Section: On the following scale how would you rate Hurricane Services Inc.?															
										Net:		\$4,051.75			
										Total Taxable		\$ -			
										Tax Rate:					
Based on this job, how likely is it you would recommend HSI to a colleague?										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:		\$ -	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10												Total:		\$ 4,051.75	
										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 1/4% 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**

