

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



3585

1013 240th AVENUE • HAYS, KANSAS 67601 • 785-621-2135

Date 01-03-2024

CHARGE TO: B5 Operating, LLC
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. OV
 LEASE AND WELL NO. Fannie Brooks #3 FIELD _____
 NEAREST TOWN _____ COUNTY Sumner STATE Kansas
 SPOT LOCATION _____ SEC. 24 TWP. 33S RANGE 01E
 ZERO KB CASING SIZE 5 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ LOG-TECH TD _____ FLUID LEVEL 820'
 ENGINEER S. Chesney OPERATOR D. Homewood

PERFORATING				
Description	No. Shots	From	Depth To	Amount
<u>Perf 3 3/8 HEC</u>	<u>2</u>	<u>315</u>	<u>316</u>	<u>145000</u>

DEPTH AND OPERATIONS CHARGES					
Description	From	Depth To	Total No. Pt	Price Per Pt	Amount
<u>5 1/2 CIBP</u>	<u>3410</u>				<u>142500</u>
<u>Setting Charge</u>	<u>0</u>	<u>3410</u>			<u>150000</u>
<u>2x Cement Bailer run</u>	<u>0</u>	<u>3410</u>			<u>125000</u>

MISCELLANEOUS			
Description	Quantity	Amount	
Service Charge <u>T904</u>		<u>150000</u>	
T.J. <u>Mast Trailer</u>		<u>100000</u>	
A.O.L.			
S.J.			
F.J. T.W.T.			

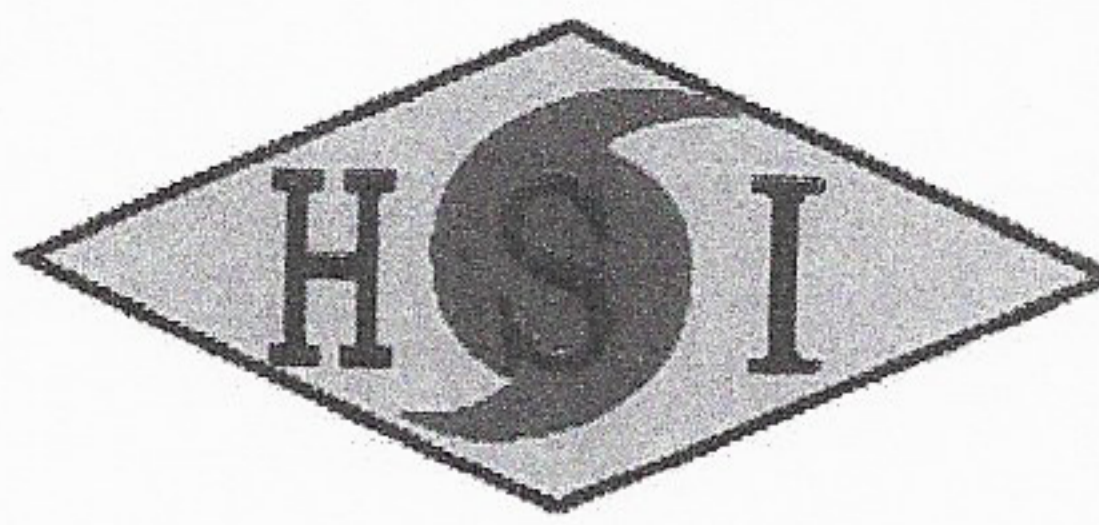
PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

[Signature]
 Customer Signature

Date

..... Sub Total	<u>812500</u>
.....	<u>335000</u>
..... Tax	<u>25125</u>
.....	
.....	
..... Total	<u>\$3,60125</u>



JAN 23 2024

HURRICANE SERVICES INC

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

Customer:

B5 OPERATING LLC
PO BOX 45
WELLINGTON, KS 67152

Invoice Date: 1/3/2024
Invoice #: 0373753
Lease Name: Fannie E Brooks
Well #: 3
County: Sumner, Ks
Job Number: EP11907
District: Eureka

Date/Description	HRS/QTY	Rate	Total
PTA	0.000	0.000	0.00
Cement Pump Service	1.000	900.000	900.00
Heavy Equipment Mileage	50.000	4.000	200.00
Light Eq Mileage	50.000	2.000	100.00
Cement Class A	103.000	20.000	2,060.00
Bentonite Gel	195.000	0.400	78.00
Ton Mileage	493.000	1.500	739.50
Service Supervisor	1.000	275.000	275.00

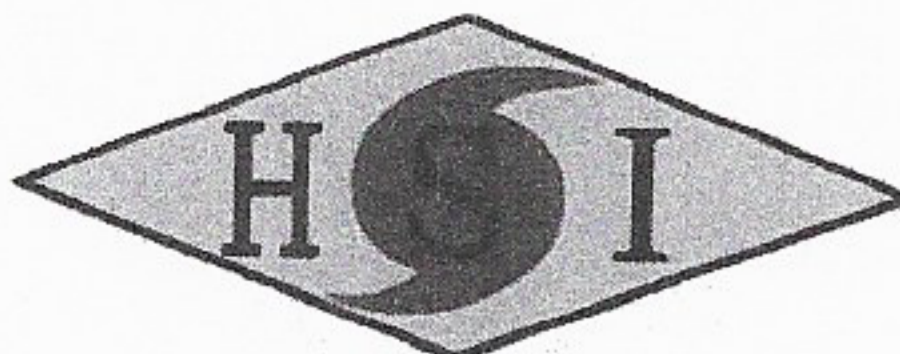
Net Invoice	4,352.50
Sales Tax:	251.08
Total	4,603.58

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



Customer	B5 Operating, LLC		Lease & Well #	Fannie Brooks #3 SWD		Date	1/3/2024
Service District	Eureka		County & State	Sumner, Ks	Legals S/T/R	24 33S 1E	Job #
Job Type	PTA	<input type="checkbox"/> PROD	<input type="checkbox"/> INJ	<input checked="" type="checkbox"/> SWD	New Well?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No	Ticket #
Equipment #	Driver						

Job Safety Analysis - A Discussion of Hazards & Safety Procedures							
<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging				
<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection				
<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 checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input 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
 PTA CIBP set @ 3410' w/ 2sx cement inside 5 1/2" casing. Squeeze holes shot @ 310'

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
C011	Cement Pump Service	ea	1.00	\$900.00
M010	Heavy Equipment Mileage (Split between 2 wells)	mi	50.00	\$200.00
M015	Light Equipment Mileage (Split between 2 wells)	mi	50.00	\$100.00
CP010	Class A Cement	sack	103.00	\$2,060.00
CP095	Bentonite Gel 2%	lb	195.00	\$78.00
M020	Ton Mileage	tm	493.00	\$739.50
R061	Service Supervisor	day	1.00	\$275.00

Customer Section: On the following scale how would you rate Hurricane Services Inc. ?

Based on this job, how likely is it you would recommend HSI to a colleague?

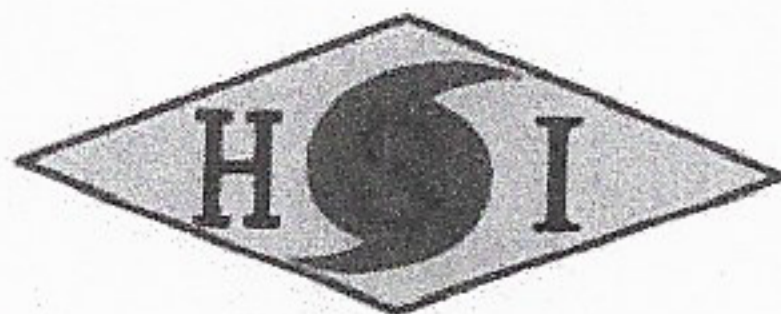
1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Total Taxable	\$ -	Tax Rate:		Net:	\$4,352.50
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:	\$ 4,352.50

HSI Representative: *Thank You Kevin McCoy*

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**



CEMENT TREATMENT REPORT

Customer: B5 Operating, LLC	Well: Fannie Brooks #3 SWD	Ticket: EP11907
City, State: 117 E 15th St South Wellington, Ks	County: Sumner, Ks	Date: 1/3/2024
Field Rep: Mitch Bartelson	S-T-R: 24 33S 1E	Service: PTA

Downhole Information	
Hole Size:	7 7/8 in
Hole Depth:	ft
Casing Size:	5 1/2 in
Casing Depth:	ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	bbls

Calculated Slurry - Lead	
Blend:	Class A Cement
Weight:	14.8 ppg
Water / Sx:	6.5 gal / sx
Yield:	1.35 ft³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	25.0 bbls
Total Sacks:	103 sx

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	0 sx

TIME	RATE	PSI	STAGE	TOTAL	REMARKS
			BBLs	BBLs	
			-	-	Safety Meeting:
					- CIBP set @ 3410' w/ 2sx cement inside 5 1/2" casing
					- Squeeze holes shot @ 310'
					- Rig up to 5 1/2" casing
					- Break circulation w/ fresh water
					- Circulate cement to surface inside & out of 5 1/2 w/ 88sx Class A Cement w/ 2% gel, yield 1.35 = 21bbl slurry
					- Good cement to surface
					- Wait 2 hrs
					- Top of well w/ 15sx cement
					- Job Complete, Rig down
					-

	CREW		UNIT	SUMMARY		
	Name	Phone		Average Rate	Average Pressure	Total Fluid
Cementer:	Kevin m		1004	0.0 bpm	- psi	- bbls
Pump Operator:	Alan M		1201			
Bulk #1:	Dan B		1212			
Bulk #2:						