

**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**

Form	CP4 - Well Plugging Record
Operator	Endeavor Energy Resources, LP
Well Name	GRAYBILL 1
Doc ID	1774587

Producing Formations

Formation	Top	Bottom	Total Depth
Summit	379	383	901
Mulky	414	418	
Iron Post	496	498	
Wier	612	616	
Riverton	818	820	

Form	CP4 - Well Plugging Record
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Oil, Gas, or Water Records

Formation	Content
Summit	gas
Mulky	gas
Iron Post	gas
Wier	gas
Riverton	gas



Customer	ENDEAVOR	Lease & Well #	GRAYBILL 1		Date	4/17/2024	
Service District	BARTLESVILLE OK	County & State	MONTGOMERY, K	Legals S/T/R	13/34S/17E		Job #
Job Type	PLUG	<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	<b>Job Safety Analysis - A Discussion of Hazards &amp; Safety Procedures</b> <input checked="" type="checkbox"/> Hard hat <input checked="" type="checkbox"/> H2S Monitor <input type="checkbox"/> Safety Footwear <input type="checkbox"/> FRC/Protective Clothing <input type="checkbox"/> Hearing Protection <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Eye Protection <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Additional Chemical/Acid PPE <input checked="" type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Required Permits <input checked="" type="checkbox"/> Slip/Trip/Fall Hazards <input type="checkbox"/> Overhead Hazards <input type="checkbox"/> Additional concerns or issues noted below <input type="checkbox"/> Warning Signs & Flagging <input type="checkbox"/> Fall Protection <input type="checkbox"/> Specific Job Sequence/Expectations <input checked="" type="checkbox"/> Muster Point/Medical Locations					
<b>Comments</b>							

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
CP010	Class A Cement	sack	110.00	\$2,200.00
CP095	Bentonite Gel	lb	400.00	\$180.00
CP125	Pheno Seal	lb	80.00	\$140.00
M010	Heavy Equipment Mileage	mi	65.00	\$260.00
M015	Light Equipment Mileage	mi	65.00	\$130.00
M025	Ton Mileage - Minimum	each	1.00	\$300.00
C010	Cement Pump Service	ea	1.00	\$750.00
T030	Transport - 130 bbl	hr	4.00	\$540.00
AF080	Fresh Water	gal	3,000.00	\$60.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Net:	\$4,560.00
<b>Based on this job, how likely is it you would recommend HSI to a colleague?</b> <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"/> Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely				<b>Total Taxable</b> \$ - <b>Tax Rate:</b> 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.	<b>Sale Tax:</b> \$ -  <b>Total:</b> \$ 4,560.00
HSI Representative:					

**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: ENDEAVOR	Well: GRAYBILL 1	Ticket: EP13134
City, State: COFFEYVILLE KS	County: MONTGOMERY,KS	Date: 4/17/2024
Field Rep: GUS M	S-T-R: 13/34S/17E	Service: PLUG

Downhole Information	
Hole Size:	in
Hole Depth:	ft
Casing Size:	4 1/2 in
Casing Depth:	901 FT
Tubing / Liner:	2 3/8 in
Depth:	901 ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	bbls

Calculated Slurry - Lead	
Blend:	A 4% GEL AND PHENO
Weight:	14.5 ppg
Water / Sx:	6.9 gal / sx
Yield:	1.42 ft <sup>3</sup> / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	19.0 bbls
Total Sacks:	75 sx

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft <sup>3</sup> / 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 BBLs	TOTAL BBLs	REMARKS
1100AM			-	-	ON LOCATION
					RIG RUN IN TUBING
	3.0	200.0	5.0	5.0	RUN 5 BBLs H2O
				5.0	
	3.0	150.0	9.0	14.0	RUN APPROX 35 SACKS CLASS A WITH 4% GEL AND .80# PHENO GOT CEMENT THEN CLEAR WATER THEN CEMENT AGAIN
				14.0	LEADING US TO BELIEVE WE HAD HOLE IN TUBING.
				14.0	
		250.0	20.0	34.0	WASH WELL OUT AND RIG TRIP TUBING OUT AND RUNNING NEW STRING IN (DID FIND HOLE APPROX 11 JOINTS IN)
				34.0	
	3.0	200.0	14.5		ONCE STRING IN WE CEMENT TO SURF
					RIG TRIP OUT TO 250
	IDLE	200.0	4.5		WE HOOK BACK UP AND CEMENT TO SURF AGAIN
					RIG TRIP ALL WAY OUT
	IDLE				
			1.0		WE TOP OFF WITH HOSE
1500PM					RACK UP

CREW		UNIT	SUMMARY		
Cementer:	DONNIE	921	Average Rate	Average Pressure	Total Fluid
Pump Operator:	BOBBY	231	3.0 bpm	200 psi	54 bbls
Bulk #1:	DAKOTA	294			
Bulk #2:	CASEY	123			