

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	Glacier Petroleum Inc WABKS	Lease & Well #	Clean #6	Date	5/30/2024
Service District	Eureka	County & State	Wabunsee, KS	Legal's S/TR	
Job Type	PTA		SWD	New Well?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures <input checked="" type="checkbox"/> Hard hat <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Warning Signs & Flagging <input checked="" type="checkbox"/> H2S Monitor <input 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 type="checkbox"/> FRG/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
CO11	Cement Pump Service	ea	1.00	\$900.00
MO10	Heavy Equipment Mileage	mi	45.00	\$180.00
MO15	Light Equipment Mileage	mi	45.00	\$90.00
MO20	Ton Mileage	tn	321.98	\$482.97
CP070	60/40 Pozmix A	sack	160.00	\$2,560.00
CP095	Bentonite Gel	lb	550.00	\$247.50
CP100	Calcium Chloride	lb	90.00	\$37.50
CP095	Bentonite Gel	lb	300.00	\$135.00
CP165	Coltoseed Huls	lb	80.00	\$80.00
TO10	Vacuum Truck - 80 bbl	hr	6.00	\$540.00
AF090	Fresh Water	gal	3,300.00	\$66.00
Customer Section: On the following scale how would you rate Hurricane Services Inc?				Net: \$5,318.97
Based on this job, how likely is it you would recommend HSI to a colleague?				Total Taxable: \$ - Tax Rate: - 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: \$ 5,318.97

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 1.75% 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 effect 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.

HSI Representative: *David Gardner*

Jeff

CUSTOMER AUTHORIZATION SIGNATURE



CEMENT TREATMENT REPORT

Customer: Glacier Petroleum Inc WABKS	Well: Olsen #6	Ticket: EP13593
City, State: Emporia, KS	County: Wabaunsee	Date: 5/30/2024
Field Rep: Jeff	S-T-R:	Service: PTA

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	in	Blend:	60/40, 4% Gel	Blend:	ppg
Hole Depth:	ft	Weight:	14.0 ppg	Weight:	gal / sx
Casing Size:	5 1/2 in	Water / Sx:	gal / sx	Water / Sx:	ft ³ / sx
Casing Depth:	ft	Yield:	1.40 ft ³ / sx	Yield:	bbs / ft.
Tubing / Liner:	2 3/8 in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	ft
Depth:	3350 ft	Depth:	ft	Depth:	0 bbls
Tool / Packer:		Annular Volume:	0.0 bbls	Annular Volume:	0 bbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	bbls	Total Slurry:	0.0 bbls	Total Slurry:	0 bbls
		Total Sacks:	160 sx	Total Sacks:	0 sx

TIME	RATE	PSI	STAGE	BBLs	TOTAL	BBLs	REMARKS
				-	-	-	Safety Meeting:
				-	-	-	Rig up to 2 3/8" Tubing. Plug well as follows. Witnessed by KCC Agent
				-	-	-	25 sks w/ 2% Caloz @ 3350'
				-	-	-	Gel & Hulls Spacer
				-	-	-	15 sks @ 1785'
				-	-	-	Gel & Hulls Spacer
				-	-	-	120 sks @350' to Surface inside & outside of 5 1/2" Casing
				-	-	-	160 sks Total
				-	-	-	Job complete. Rig down.
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CREW		UNIT		SUMMARY		
Cementer:	David	1003		Average Rate	Average Pressure	Total Fluid
Pump Operator:	Braker	1203		0.0 bpm	- psi	- bbls
Bulk #1:	Jake	1215				
Bulk #2:	Mark W.	122				

