

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



Customer	Vess Oil Corporation	Lease & Well #	Wilson A #427		Date	8/8/2024		
Service District	Eureka	County & State	Butler, Ks	Legals S/T/R	9 25S 5E	Job #		
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	Ticket #	EP14523

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		
1212 **	Trey 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		
1212	Monty M	<input checked="" 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

PTA Old Well: Ran 2 3/8" tubing to 2260', pump 250# gel spacer w/ 1sx hulls, spot 50sx Class A Cement w/ 2% CaCl, 2% gel = 12bbl slurry. TOOH w/ tubing. Tag cement @ 1650' w/ wire line. 130sx cement from 525' to surface inside & outside of 4 1/2 casing.

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	40.00	\$160.00
M015	Light Equipment Mileage	mi	40.00	\$80.00
CP010	Class A Cement	sack	180.00	\$3,600.00
CP100	Calcium Chloride 2%	lb	340.00	\$255.00
CP095	Bentonite Gel 2%	lb	340.00	\$153.00
M020	Ton Mileage	tm	352.00	\$528.00
CP095	Bentonite Gel (gel spacer)	lb	250.00	\$112.50
CP165	Cottonseed Hulls	lb	45.00	\$45.00
FE115	4 1/2" Rubber Plug	ea	1.00	\$75.00
R061	Service Supervisor	day	1.00	\$275.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Net:	\$6,533.50
				Total Taxable	\$ -
				Tax Rate:	
Based on this job, how likely is it you would recommend HSI to a colleague?				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:	\$ 6,533.50
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.



CEMENT TREATMENT REPORT					
Customer:	Vess Oil Corporation	Well:	Wilson A #427	Ticket:	EP14523
City, State:	Wichita, Ks 67206	County:	Butler, Ks	Date:	8/8/2024
Field Rep:	Shane	S-T-R:	9 25S 5E	Service:	PTA

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	7 7/8 in	Blend:	Class A Cement	Blend:	
Hole Depth:	ft	Weight:	14.8 ppg	Weight:	ppg
Casing Size:	4 1/2 in	Water / Sx:	6.5 gal / sx	Water / Sx:	gal / sx
Casing Depth:	2383 ft	Yield:	1.35 ft ³ / sx	Yield:	ft ³ / sx
Tubing / Liner:	in	Annular Bbbls / Ft.:	bbs / ft.	Annular Bbbls / Ft.:	bbs / ft.
Depth:	ft	Depth:	ft	Depth:	ft
Tool / Packer:		Annular Volume:	0.0 bbbls	Annular Volume:	0 bbbls
Tool Depth:	ft	Excess:		Excess:	
Displacement:	bbbls	Total Slurry:	43.0 bbbls	Total Slurry:	0.0 bbbls
		Total Sacks:	180 sx	Total Sacks:	0 sx

TIME	RATE	PSI	BBLs	STAGE	TOTAL BBLs	REMARKS
			-		-	Safety Meeting:
					-	Ran 2 3/8" tubing to 2260' (top perf 2 2280')
					-	Pump 15bbl of fresh water to get oil out of hole
					-	Pump 250# gel spacer w/ 1sx of hulls
					-	Spot 50sx Claas A Cement w/ 2% CaCl, 2% gel = 12bbl slurry @ 2260'
					-	TOOH w/ tubing, wait 1hr, tag cement w/ wire line @ 1650'
					-	Pump rubber plug to locate hole in casing, plug stopped @ 525'
					-	Decided not to perforate squeeze holes
					-	Rig up to 4 1/2 casing
					-	Pump 5bbl dye water
					-	Circulate cement from 525' to surface inside & outside of 4 1/2 w/ 130sx Cement, well standing full of cement
						Job Complete, Rig dwon

CREW		UNIT	SUMMARY		
Cementer:	Kevin M	1004	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Alan M	1201	0.0 bpm	- psi	- bbbls
Bulk #1:	Trey M	1212 **			
Bulk #2:	Monty M	1212			