KOLAR Document ID: 1791419

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: Gas Storage Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: Gas Storage Permit #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom:T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	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.
(Print Name)	Employee of Operator or Operator on above-described well,

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



CONTRACTOR OF THE OWNER OF THE OWNER						\sim						
Customer	N-10		Lease & Well #	Muir	8-2				Date		6/25/202	4
Service District	Pratt Kansas		County & State	e Harpe	er Kansas	Legals S/T/R	12-31	s-09w	Job #			
Job Type	РТА		נאו 🗖	D SW	D	New Well?	D YES	☑ No	Ticket #	N.	wp 5515	 5
Equipment #	Driver			Jo	b Safety Ar	nalysis - A Discus	sion of Hazard	s & Safety P	The second second second second second		Add Inc. No. of	
916	M Brungardt	Hard hat		Glo ^o			□ Lockout/Ta		D Warning Sig	ns & Flagoin	a	
271	M McGraw	H2S Monito	or	🗆 Eye	Protection		Required Pe		□ Fall Protection		,	
179/533	K Jullan	Safety Foot	wear	C Res	piratory Prot	tection	□ Slip/Trip/Fa	ll Hazards	Specific Job		pectation	IS
		FRC/Protect	tive Clothing	□ Add	litional Chem	nical/Acid PPE	Overhead H	azards	D Muster Point		6	
		Hearing Pro	otection	🗆 Fire	Extinguisher	r	D Additional o	oncems or is	sues noted below			
						Con	nments			ورمنتكل تجهيد بالمتحلية عليه		
		1										
Product/ Service Code		De	escription			Unit of Measure	Quantity					
010	Class A Cement					sack	290.00		Contract All All All			Amoun
100	Calcium Chloride					lb	100.00					\$5,800.
020	Ton Mileage					tm	583.00		1	1		\$75. \$874.
060	Cement Blending &	Mixing Service				sack	275.00					\$385.
015	Light Equipment Mi	ileage				mi	45.00					\$90.
010	Heavy Equipment N	Vileage				mi	90.00			1		\$360.
012	Depth Charge: 100	1'-2000'				job	1.00			1		\$1,500.
35	Cement Data Acqui	isition				job	1.00					\$250.
61	Service Supervisor					day	1.00					\$275.0
										1		
	· · · · · · · · · · · · · · · · · · ·											
<u> </u>								· .		1		
							the second second					
			and the second			3						
-Custor	mer Section: On the	a following scale	how would you rate h	lurricon	a Sanviesa la	2						
odstor	and even on on the	- Seale	now would you rate h	ancane	e Services in	and the second sec	Tatal Taur bi			Net:	\$9	9,609.5
	ed on this job, how	v likely is it you	would recommend	HSI to a	colleague?		Fotal Taxable State tax laws dee	\$ -	Tax Rate: ucls and services	Sale Tax:		
Has						L. L	used on new wells	to be sales ta		Jale Tax;	\$	
Has							unil information -	out to make -			1	
		345	6 7 8	9	10 Extrer	v	vell information at ervices and/or pr		determination if	Total:	\$ 9	9,609.5

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit lerms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shell pay interast on the balance past due at the rate of 1 ½% 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 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 ullimately required to perform these services. Any discount is based on 30 days net payment terms or cash. <u>DISCLAIMER NOTICE:</u> 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 fom 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 guarantees proper operational care of all customer owned equipment information preforming 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_

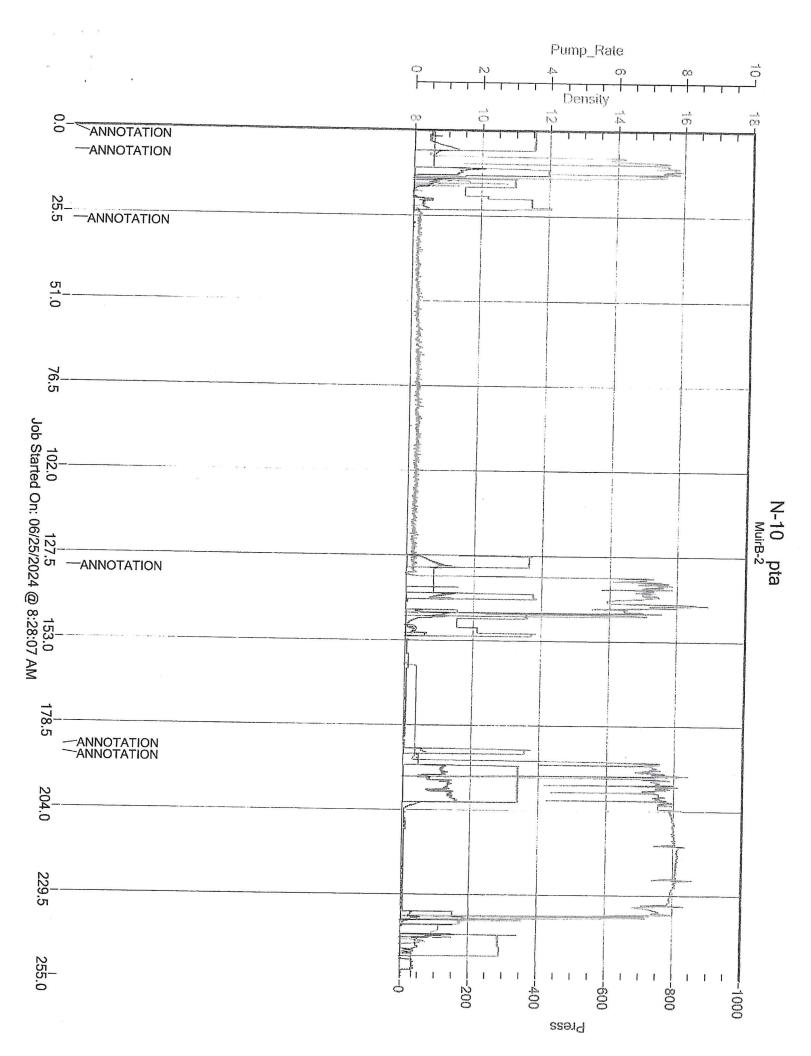
CUSTOMER AUTHORIZATION SIGNATURE



CEMENT TREATMENT REPORT

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		EATME	NT REP	PORT				
		# N-10			Well:	Muir B-2	Tick	et: wp 5515
		Zenda	_		County:	Harper Kans	sas Da	te: 6/25/2024
Fie	eld Rep	: Jeff Ca	pps		S-T-R:	12-31s-09	W Servio	
Dov	wnhole	Informat	ion	1	Colouistad Ri			
Но	le Size	77/	8 in		Calculated Slu Blend:	A	A DESCRIPTION OF A DESC	alculated Slurry - Tail
Hole	Depth	150) ft		Weight:	15.6 ppg	Blen	
Casir	ng Size	4 1/2	2 in		Water / Sx:	5.2 gal / sx	Weigh	
Casing	Depth	1500) ft	e.	Yield:	1.18 ft ³ /sx	Water / S	
Fubing	/ Liner		in		Annular Bbls / Ft.:	bbs / ft,	Yiel Annular Bbls / F	
	Depth		ft		Depth:	ft	Dept	
Tool / F	acker				Annular Volume:	0.0 bbls	Annular Volum	
Tool	Depth		ft		Excess:		Exces	
isplac	ement:	26.0	bbis		Total Slurry:	60.9 bbls	Total Slurr	
			STAGE	TOTAL	Total Sacks:	290 sx	Total Sack	
TIME	RATE	PSI	BBLs	BBLs	REMARKS		Potar Sack	
7:50 AN			·	-	onlocation job and safety			
8:00 AM	<u>' </u>			-	spot trucks and rig up			
				-				
8;35 a					1st plug 35 sack A at 1500)		
	3.5	50.0	21.0	21.0	load the hole			
	3.5	130.0	7.3	28.3	mix 35 sacks A 2% cc at 1	5.6 ppg		
	3.5	50.0	19.0	47.3	displacement			
0:40 AM					2nd plug 35 sacks at 1000	ft		
	3.5	50.0	8.5	8.5	load the hole			
	3.5	80.0	7.3	15.8	mix 35 sacks Aat 15.6 ppg			
	3.5	50.0	11.5		displacement			
1:40 AM								
	3.0				3rd plug 440 ft			
	3.0	50.0	5.0 42.0		load the hole			
	0.0	50.0	42.0		mix 200sacks A to the surf	ace	*********	
2:20 PM	0.5	-	4.0		top out with 20 sacks A	-		
					1			
		CREW		an and the	UNIT		SUMMAR	
Ceme	enter:	M Brur	igardt		916	Average Rate		the same instruction, and an all of the same of the
mp Oper		M McG			271	3.1 bpm	Average Pressure	Total Fluid
	lk #1:	K Julia			179/533	0,1 0pm	51 psl	126 bbls
	k #2:							



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	V-10	6,	26.05	1	
City		457 Yucca Lane • Pratt, Kansas 67124 •	WRELINE	The second	М

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Date Client Order# Zip Legal Description (coordinates) Casing Weight Excel Wireline T.D. Depth \$ Amour Job \$ Amour

vlor Printing, Inc. • Pratt,