

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.

(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



Customer	KNIGHTON OIL COMPANY	Lease & Well #	KIPP C 1-26	Date	4/25/2024	
Service District	PRATT	County & State	STAFFORD KS	Legals S/T/R	26-26S-14W	
Job Type	PTA	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	Job #	
Equipment #	Driver	Ticket #				WP5349
912	MATTAL	Job Safety Analysis - A Discussion of Hazards & Safety Procedures				
539/521	CLIFTON	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging	
181/532	E MCGRAW	<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 type="checkbox"/> Slip/Trip/Fall Hazards	<input 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 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
CP055	H-Plug A	sack	220.00	\$3,620.00
M015	Light Equipment Mileage	mi	20.00	\$40.00
M010	Heavy Equipment Mileage	mi	40.00	\$160.00
M025	Ton Mileage - Minimum	each	1.00	\$300.00
C060	Cement Blending & Mixing Service	sack	220.00	\$308.00
D015	Depth Charge: 4001'-5000'	job	1.00	\$2,500.00
C035	Cement Data Acquisition	job	1.00	\$250.00
R061	Service Supervisor	day	1.00	\$275.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?			Net:	\$7,353.00
Based on this job, how likely is it you would recommend HSI to a colleague?	<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"/>	<small>Usably</small> 1 2 3 4 5 6 7 8 9 10 <small>Extremely Likely</small>	Total Taxable \$	-
			Sale Tax:	\$ -
			Total:	\$ 7,353.00
HSI Representative: <i>Mike Mattal</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.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer:	KNIGHTON OIL COMPANY	Well:	KIPP C 1-26	Ticket:	WP5349
City, State:	ST JOHN KS	County:	STAFFORD KS	Date:	4/25/2024
Field Rep:		S-T-R:	26-25S-14W	Service:	PTA

Downhole Information	
Hole Size:	in
Hole Depth:	ft
Casing Size:	in
Casing Depth:	ft
Tubing / Liner:	in
Depth:	ft
Tool / Packers:	
Tool Depth:	ft
Displacement:	bbls

Calculated Slurry - Lead	
Blends:	H-PLUG A
Weight:	13.8 ppg
Water / Sx:	6.7 gal / sx
Yield:	1.37 ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	53.7 bbls
Total Sacks:	220 sx

Calculated Slurry - Tail	
Blends:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	#DIV/0! sx

TIME	RATE	PSI	BBLs	TOTAL BBLs	REMARKS
9:10 PM			-	-	ON LOCATION
				-	1ST PLUG AT 4277'
11:15 PM	5.6	320.0	30.0	30.0	PUMP 30 BBL WATER
11:20 PM	4.7	310.0	12.2	42.2	MIX 50 SKS H-PLUG
11:23 PM	4.5	240.0	10.0	52.2	PUMP 10 BBL WATER
11:28 PM	6.0	450.0	50.0	102.2	PUMP MUD DISPLACEMENT
				102.2	2ND PLUG AT 950'
1:07 AM	4.0	100.0	10.0	0.0	PUMP 10 BBL WATER
1:09 AM	4.1	150.0	12.2	12.2	MIX 50 SKS H-PLUG
1:12 AM	4.0	100.0	9.0	21.2	START DISPLACEMENT
				21.2	3RD PLUG AT 480'
1:34 AM	4.0	130.0	5.0	26.2	PUMP 5 BBL WATER
1:35 AM	4.0	140.0	12.2	38.4	MIX 50 SKS H-PLUG
1:39 AM	4.0	100.0	1.2	39.6	START DISPLACEMENT
				39.6	4TH PLUG AT 60'
2:04 AM	2.0	25.0	5.0	44.6	MIX 20 SKS H-PLUG, CEMENT TO SURFACE
2:16 AM	2.0	25.0	7.0	51.6	MIX 30 SKS H-PLUG FOR RAT HOLE
2:21 AM	2.0	25.0	5.0	56.6	MIX 20 SKS H-PLUG FOR MOUSE HOLE
				-	
				-	
				-	
				-	
				-	JOB COMPLETE, THANK YOU!
				-	MIKE MATTAL
				-	AUSTIN&EJ
				-	

CREW		UNIT	SUMMARY		
Cementor:	MATTAL	912	Average Rate	Average Pressure	Total Fluid
Pump Operator:	CLIFTON	539/521	3.9 bpm	163 psi	169 bbls
Bulk #1:	E MCGRAW	181/532			
Bulk #2:					