KOLAR Document ID: 1798891

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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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) Storm: T.D. Storm: T.D. Depth to Top: Bottom: T.D. Storm: T.D. Storm: Sto	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Diversion Completed:
Depth to Top: Bottom: T.D	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



Cus	itomer:	Greenw	ood Rese	ources LL	C Well:	Ellis #42 W	Ticket:	EP15020			
City,	County: County:				County:	Greenwood, Ks Date: 10/1/2024					
Field Rep: Donald Soule S-T-R:					S-T-R:		Service:	РТА			
Dow	nhole in	formatio	on		Calculated Slu	rnı - Lead	Calc	ulated Slurry - Tail			
Downhole Information Hole Size: in		Blend:	Class A Cement								
Hole Depth: ft			Weight:	14.8 ppg	Weight:	ppg					
Casin	g Size:	4 1/2	in		Water / Sx:	gal / sx	Water / Sx:	gal / sx			
Casing Depth: ft			Yield:	1.35 ft ³ /sx	Yield:	ft ³ /sx					
bing /	/ Liner:	2 3/8	in		Annular Bbls / Ft.:	bbs / ft.	Annular Bbis / Ft.:	bbs / ft.			
	Depth:		ft		Depth:	ft	Depth:	ft			
ool / P	acker:				Annular Volume:	0.0 bbls	Annular Volume:	0 bbls			
	Depth:		ft		Excess:		Excess:				
splace	ement:	bbls			Total Slurry:	15.0 bbls	Total Slurry:	0.0 bbls			
			STAGE	TOTAL	Total Sacks:	60 sx	Total Sacks:	0 sx			
ME	RATE	PSI	BBLs	BBLs	REMARKS						
-			-	-	Safety meeting:						
				•		ot cement plugs as following	inside 4 1/2" casing w/ Class A	Cement w/ 2% CaCl, 2% Gel			
				•	20sx @ 1770'						
1		-		-	Gel spacer 20sx @ 1000'						
1.0					Gel spacer						
-		-			20sx from 250' to surface						
				-	Job Complete, rig down						
		1.5	1.5								
		5									
_				_							
	+		├								
		_									
		-	+								
-											
	5	CREW			UNIT	Contraction of the	SUMMAR				
Co	menter				1004	Average Rate		Total Fluid			
Cementer: Kevin M				201	1004	0.0 bpm	- psi	- bbls			
Pump Operator: Russell M Bulk #1: Monty M		1404	0.0 0011	- μοι	- 0010						



Cus	tomer	Greenwood Reso	ources LLC	Lease &	Well # E	illis #42 W				Date	10	/1/2024	
Service District Eurel		Eureka County & State Greenwood, Ks Legals S/T/R							100	Job #	22.200		
	Туре	РТА	PROD			SWD	New Well?	YES	✓ No	Ticket #	EI	P15020	
Equi	oment#	Driver				Job Safety Ana	alysis - A Discuss	ion of Hazards	& Safety Pro	ocedures		States - A	
Contraction in the local of	1004	Kevin M	Hard hat		[✓ Gloves		Lockout/Ta	gout	Warning Sig	ns & Flagging		
	1202	Russell M	H2S Monit	or	[Eye Protection		Required Pe	ermits	Fall Protectio	on		
	1214	Monty M				Respiratory Pro				Specific Job Sequence/Expectations			
F	lelper	Trey M	FRC/Protective Clothing Additional Ch			mical/Acid PPE	🗹 Overhead H	lazards	Muster Point/Medical Locations				
			Hearing Pr	otection	[Fire Extinguish	er	Additional of	concerns or is	sues noted below			
					1		Corr						
			PTA: See	cement t	reatme	ent report for	complete de	etails					
	t/ Service						Helt of Bernun	Quantita				No.	
	ode	Const Days Co		scription			Unit of Measure	Quantity			0.0.0 9920100	Net Amount \$1,250.00	
C013 M010	-	Cement Pump Ser	(2019)				ea mi	1.00				\$1,250.00	
M015		Heavy Equipment					mi	25.00				\$50.00	
MOIS		Light Equipment w	Villeage					20.00				\$50.00	
CP010		Class A Cement	9				sack	60.00				\$1,200.00	
CP100		Calcium Chloride	2%			h	lb	115.00				\$86.25	
CP095		Bentonite Gel 2%					lb	115.00				\$51.75	
						20							
CP095		Bentonite Gel (G	Gel Spacer)				lb	250.00				\$112.50	
M025		Ton Mileage - Min	limum				each	1.00				\$300.00	
R061		Service Superviso	or				day	1.00		-		\$275.00	
	1120								2011 1 1 1			- 10 · · · · · · · · · · · · · · · · · ·	
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	1									0			
	Custo	omer Section: On t	the following scal	e how would y	you rate H	urricane Services	Inc.?				Net:	\$3,425.50	
			Nor 10 10 101					Total Taxable		Tax Rate:		>	
	Ba	sed on this job, he الله الله من	ow likely is it yo				wp)rd#≋trd	State tax laws dee used on new wells Services relies on information above services and/or pr	to be sales ta the customer p to make a det	x exempt. Hurricane provided well ermination if	Sale Tax: Total:	\$ - \$ 3,425.50	
								HSI Represe		Thank You			

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 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 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 royalites and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discounts is based on 30 days net payment terms or cash. <u>DISCLAIMER NOTICE</u>: Technical data is presented is a bet estimate of the revoke 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.

CUSTOMER AUTHORIZATION SIGNATURE