

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

Remit To: Hurricane Services, Inc.
 250 N. Water, Suite 200
 Wichita, KS 67202
 316-303-9515

Received 30 October 2024

Customer:
 JACKSON BROTHERS LLC
 116 E 3RD ST
 EUREKA, KS 67045-1747

Invoice Date: 10/21/2024
 Invoice #: 0379939
 Lease Name: G. K. Jackson Heirs
 Well #: 24
 County: Greenwood, Ks
 Job Number: EP15263
 District: Eureka

Date/Description	HRS/QTY	Rate	Total
PTA	0.000	0.000	0.00
Cement Pump Service	1.000	1,250.000	1,250.00
Heavy Equipment Mileage	15.000	4.000	60.00
Light Eq Mileage	15.000	2.000	30.00
Ton Mileage-Minimum	1.000	300.000	300.00
Cement Pozmix 60/40	140.000	16.000	2,240.00
Bentonite Gel	480.000	0.450	216.00
Calcium Chloride	240.000	0.750	180.00
Bentonite Gel	200.000	0.450	90.00
Hulls	1.800	50.000	90.00

Net Invoice 4,456.00
 Sales Tax: 232.82
Total 4,688.82 *OK*

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 1/2% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!



Customer	Jackson Brothers, LLC	Lease & Well #	G. K. Jackson Heirs #24	Date	10/21/2024
Service District	Eureka	County & State	Greenwood, Ks	Legals S/T/R	23 255 8E
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
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			

1006	David	<input type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
1203	Broker	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
1210	Monty	<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"/> 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

TD - 2554', 6 3/4" Well bore. 4 1/2" Casing set @ 2554' & Perforated @ 1280' & 250'.

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	15.00	\$60.00
M015	Light Equipment Mileage	mi	15.00	\$30.00
M025	Ton Mileage - Minimum	each	1.00	\$300.00
CP070	60/40 Pozmix A	sack	140.00	\$2,240.00
CP095	Bentonite Gel	lb	480.00	\$216.00
CP100	Calcium Chloride	lb	240.00	\$180.00
CP095	Bentonite Gel	lb	200.00	\$90.00
CP185	Cottonseed Hulls	lb	90.00	\$90.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Net:	\$4,456.00
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"/>			Total Taxable	\$ -
			Tax Rate:		
			Sale Tax:	\$ -	
			Total:	\$ 4,456.00	
			HSI Representative:	<i>David Gardner</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.

Roscoe Jackson

CUSTOMER AUTHORIZATION SIGNATURE

**CEMENT TREATMENT REPORT**

Customer: Jackson Brothers, LLC	Well: G. K. Jackson Heirs #24	Ticket: EP15263
City, State: Eureka, Ks	County: Greenwood	Date: 10/21/2024
Field Rep: Roscoe Jackson	S-T-R: 23 25S 8E	Service: PTA

Downhole Information					Calculated Slurry - Lead					Calculated Slurry - Tail				
Hole Size:	6 3/4 in	Blend:	60/40,4%Gel,2%Caclz			Blend:								
Hole Depth:	2554 ft	Weight:	14.0 ppg			Weight:	ppg							
Casing Size:	4 1/2 in	Water / Sx:	gal / sx			Water / Sx:	gal / sx							
Casing Depth:	2554 ft	Yield:	1.40 ft ³ / sx			Yield:	ft ³ / sx							
Tubing / Liner:	2 3/8 in	Annular Bbls / Ft.:	bbs / ft.			Annular Bbls / Ft.:	bbs / ft.							
Depth:	2450 ft	Depth:	ft			Depth:	ft							
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:	0.0 bbls							
		Total Sacks:	140 sx			Total Sacks:	0 sx							

TIME	RATE	PSI	STAGE TOTAL		REMARKS
			BBLs	BBLs	
					- Safety Meeting:
					- Rig up to 2 3/8" Tubing. Plug well as follows:
					- 30 sks @ 2450' w/ Hulls
					- Gel & Hulls Spacer
					20 sks @ 1270' w/ Hulls
					- Gel & Hulls Spacer
					- 90 sks @ 250' to Surface inside & outside of 4 1/2" Casing.
					- 140 sks Total
					- Job complete. Rig down.
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	CREW		UNIT		SUMMARY		
					Average Rate	Average Pressure	Total Fluid
Cementor:	David		1006		0.0 bpm	- psi	- bbls
Pump Operator:	Broker		1203				
Bulk #1:	Monty		1210				
Bulk #2:							

Invoice



ELI
WIRELINE SERVICES
 PO BOX 549
 HAYS, KS 67601
 785-628-3998

Date	Invoice #
10/18/2024	9745

Received 30 October 2024

Bill To
JACKSON BROTHERS, LLC 116 E 3RD ST EUREKA, KS 67045

Job Info
GK Jackson Heir #24 Greenwood County, KS Field Ticket #9011

P.O. No.	Terms
	Net 30

Quantity	Description	Amount
1	Service Charge	500.00
1	3 1/8 HSC Squeeze Gun	1,250.00
1	Extra Guns	100.00
	Total Charges for Service	1,850.00
	Cased Hole - Discount	-277.50

Please remit to above address.	Total	\$1,572.50
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OK



ELI
WIRELINE SERVICES

Please Remit To:
P.O. Box 549
Hays, KS 67601
Phone: (785) 628-6395
Fax: (785) 628-3651

FIELD TICKET No.

- 9011

DATE 10-18-24
UNIT # 0775

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Jackson Brother LLC</u>	LEASE <u>B K Jackson heir</u>	WELL NO. <u># 24</u>
ADDRESS	FIELD	STATE <u>KS</u> COUNTY <u>Springwood</u>
CITY	LOCATION	
STATE	CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
ZIP	TYPE OF JOB <u>Regr Squeeze</u>	
ORDERED BY	TITLE	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	<u>Service charge</u>				
	<u>2 1x2 Squeeze Guns</u>				
	<u>1x2 slick Squeeze Gun</u>				
	<u>Shot @ 250</u>				
	<u>1x2 Slick Squeeze Gun</u>				
	<u>Shot @ 1280</u>				

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX TOTAL CHARGES
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WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials
<u>C. Gomez, J. Henderson</u>		
<u>P. Bradford</u>		

CUSTOMER AGREES to pay (the "Company") on a net 45 day basis from date of invoice to avoid loss of discount. Invoices older than 45 days are subject to loss of discount on ticket. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

X [Signature]

X Ross H. Jackson II
CUSTOMER REPRESENTATIVE