

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



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

Invoice

Date	Invoice #
11/15/2024	9807

Received 6 December 2024

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

Job Info
Hawthorne B-2 Greenwood County, KS Field Ticket #9022

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
Please remit to above address.		Total \$1,850.00



ELI
WIRELINE SERVICES

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

FIELD TICKET No.

- 9022

DATE 11-15-24
UNIT # 1621

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Jackson Brother, LLC</u>	LEASE <u>Hawthorne</u>	WELL NO. <u>B-2</u>
ADDRESS	FIELD	STATE <u>KS</u>
	LOCATION <u>Elebrado</u>	COUNTY <u>Greenwood</u>
CITY	CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>Squeeze X2</u>
ORDERED BY	TITLE	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	Service Charge				500 -
	2x 1x2 Squeeze				
	1x2				1250 -
	Shot @ 250				
	1x2				100 -
	Shot @ 1260				
	P-mast				

CALLLED OUT	ON LOCATION	COMPLETED	TOTAL SERVICE & MATERIALS	1850 -
Time	Time	Time	DISCOUNT	50
Date	Date	Date	TAX	
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED			TOTAL CHARGES	

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials
<u>P. B. [Signature]</u>	5.5	

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.

[Signature]

Bill Cheever
CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field



HURRICANE SERVICES INC

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

Received 9 December 2024

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

Invoice Date: 11/26/2024
Invoice #: 0380636
Lease Name: Hawthorne
Well #: B-2
County: Greenwood, Ks
Job Number: EP15708
District: Eureka

Date/Description	HRS/QTY	Rate	Total
Plug to Abandon	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	135.000	16.000	2,160.00
Bentonite Gel	465.000	0.450	209.25
Vacuum Truck 90bbl	4.000	100.000	400.00
Fresh Water	3,700.000	0.020	74.00
Bentonite Gel	200.000	0.450	90.00
Hulls	0.800	50.000	40.00
Service Supervisor	1.000	275.000	275.00

Net Invoice 4,888.25
Sales Tax: 276.65
Total 5,164.90

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% 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!

Hurricane Services, Inc.
250 N. Water St., Suite #200
Wichita, KS 67202



Customer	Jackson Brothers, LLC	Lease & Well #	Hawthorne B #2	Date	11/26/2024
Service District	Eureka	County & State	Greenwood, Ks	Legals S/T/R	22 25S 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
Job #	EP15708				
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
1215	Jake	<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
126	Monty	<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					
API# 15-073-01458. 4 1/2" Casing set @ 2538'. 6 1/4" Well bore. Perforated 4 1/2" Casing @ 1260' & 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	135.00	\$2,160.00	
CP095	Bentonite Gel	lb	465.00	\$209.25	
T025	Vacuum Truck - 90 bbl	hr	4.00	\$400.00	
AF080	Fresh Water	gal	3,700.00	\$74.00	
CP095	Bentonite Gel	lb	200.00	\$90.00	
CP165	Cottonseed Hulls	lb	40.00	\$40.00	
R061	Service Supervisor	day	1.00	\$275.00	
Customer Section: On the following scale how would you rate Hurricane Services Inc.?				Net: \$4,888.25	
Based on this job, how likely is it you would recommend HSI to a colleague?				Total Taxable \$ - Tax Rate:	
<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"/>				State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.	
1 2 3 4 5 6 7 8 9 10				Sale Tax: \$ -	
				Total: \$ 4,888.25	
				HSI Representative: David Gardner	

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

ftv: 16-2022/08/12
mplv: 477-2024/11/12

