

**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 #
12/11/2024	9844

Received 18 December 2024

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

Job Info
Hathorne B-12 Greenwood County, KS Field Ticket #9377

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	200.00
Please remit to above address.		<b>Total \$1,950.00</b>



**ELI**  
WIRELINE SERVICES

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

FIELD TICKET No.

- 9377

DATE 12-11-24  
UNIT # 0775

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER <u>Jackson Brothers LLC</u>	LEASE <u>Huntthree</u>	WELL NO. <u>B-12</u>
ADDRESS	FIELD	STATE <u>KS</u> COUNTY <u>Greenwood</u>
CITY	LOCATION <u>El Dorado, KS</u>	
STATE	CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
ZIP	TYPE OF JOB <u>Squeeze</u>	

ORDERED BY		TITLE		SERVICE SUPV.	
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	Service Charge		1		\$ 500.00
	Most Track 0775				
	2x Squeeze 1x2				
	1x2 Squeeze		1		\$ 1,250.00
	shot @ 250				
	1x2 Squeeze		1		\$ 200.00
	shot @ 1200				

\*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

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

Employee Name (Print)	Hours	Initials
L. F. Farnor	5	
P. Bryant		

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]*

*[Signature]*  
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 26 December 2024

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

Invoice Date: 12/16/2024  
Invoice #: 0381136  
Lease Name: Hawthorne  
Well #: B-12  
County: Greenwood, Ks  
Job Number: EP16017  
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	205.000	16.000	3,280.00
Bentonite Gel	705.000	0.450	317.25
Vacuum Truck 80bbl	5.000	100.000	500.00
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 6,216.25  
Sales Tax: 332.04  
**Total 6,548.29**

**TERMS:** Net 30 days. Interest may be charged on past due invoice at rate of 1 1/4% 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 #12	Date	12/16/2024
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	<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
1215	Trey	<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	Danny	<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# 15-073-21537. 4 1/2" Casing set @ 2530'. 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	205.00	\$3,280.00	
CP095	Bentonite Gel	lb	705.00	\$317.25	
T025	Vacuum Truck - 90 bbl	hr	5.00	\$500.00	
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.?					
Based on this job, how likely is it you would recommend HSI to a colleague?				Total Taxable	\$ -
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10				Tax Rate:	
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.				Sale Tax:	\$ -
				Total:	\$ 6,216.25
HSI Representative:				David Gardner	

Roscoe Jackson

CUSTOMER AUTHORIZATION SIGNATURE

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

