

CORRECTION #1

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

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

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.

Table with 6 columns: Oil, Gas or Water Records (Formation, Content) and Casing Record (Surface, Conductor & Production) (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.

\_\_\_\_\_, 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



Customer	Glacier Petroleum Inc, WABKS	Lease & Well #	Olsen #4	Date	5/30/2024
Service District	Eureka	County & State	Wabaunsee, KS	Legals S/T/R	
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 #
					Ticket #
					EP13597

Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures					
1003	David	<input checked="" 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		
1210	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		
122	Mark W.	<input type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below			

Comments	

Product/ Service Code	Description	Unit of Measure	Quantity	Net Amount
C011	Cement Pump Service	ea	1.00	\$900.00
M010	Heavy Equipment Mileage	mi	45.00	\$180.00
M015	Light Equipment Mileage	mi	45.00	\$90.00
M020	Ton Mileage	tn	332.10	\$498.15
CP070	60/40 Pozmix A	sack	165.00	\$2,640.00
CP095	Bentonite Gel	lb	570.00	\$256.50
CP100	Calcium Chloride	lb	50.00	\$37.50
CP095	Bentonite Gel	lb	300.00	\$135.00
CP165	Cottonseed Hulls	lb	80.00	\$80.00
T010	Vacuum Truck - 80 bbl	hr	6.00	\$540.00

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Total Taxable	\$ -	Tax Rate:		Net:	\$5,357.15
Based on this job, how likely is it you would recommend HSI to a colleague?		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:	\$ 5,357.15
<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		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 1/4% 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.

Jeff CUSTOMER AUTHORIZATION SIGNATURE







## Summary of Changes

Lease Name and Number: OLSEN 4

API/Permit #: 15-197-20211-00-00

New Doc ID: 1804502

Parent Doc ID: 1780849

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	06/06/2024	01/16/2025

## Summary of Attachments

Lease Name and Number: OLSEN 4

API: 15-197-20211-00-00

Doc ID: 1804502

Correction Number: 1

Attachment Name

20240520\_Olsen #4