

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



MIDWEST WIRELINE

Midwest Wireline, LLC

Service Order No.

1- 3552

Phone: 785.625.3858

Fax: 785.621.7718

Date: 10-9-2025

Client Info	Company <i>Briscoe Petroleum</i>				Client Order # <i>OW</i>			
	Billing Address			City	ST	Zip		
Well Info	Lease & Well # <i>Licbl #6</i>		Field Name		Legal Description (coordinates) <i>27 34S 11W</i>			
	Nearest Town <i>Kiowa</i>		County <i>Barber</i>		State <i>KS</i>		Casing Size <i>5 1/2</i>	Casing Weight
	Fluid <i>Oil</i>	Level (surf.) <i>~ 2750</i>	Reading from <i>K13</i>	Customer T.D.	Midwest T.D.	Elevation	KB Elevation	
Crew	Engineer <i>D Schmidt</i>		Truck Driver		Crew Members <i>D T Schmidt</i>		Unit # <i>106</i>	Miles

Product Code	Description	Qty	Unit Price	Depth		\$ Amount
				From	To	
10000	Truck Rental					2200 ⁰⁰
15041	Grange Ring 1500 - Depth	4700	.27	0	4700	1269 ⁰⁰
15042	- Operations					800 ⁰⁰
15071	Set 5 1/2 CIIBP - Depth	4600	.40	0	4600	1840 ⁰⁰
15072	- Operations			4600		2600 ⁰⁰
15021	Dump 2 sacks Cement	4600	.29	0	4600	1334 ⁰⁰
15022						2400 ⁰⁰

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

SUBTOTAL	<i>\$12,442⁰⁰</i>
DISCOUNT	
SUBTOTAL	<i>\$2600.00</i>
TAX	<i>195.00</i>
NET TOTAL	<i>\$2795.00</i>

Client Approval	
Name Printed	Signature / Date

Midwest Field Representative	
<i>D Schmidt</i>	<i>10-9-2025</i>
Name Printed	Signature / Date

MIDWEST OFFICE USE ONLY - Manager Approval	
<i>[Signature]</i>	<i>10-10-25</i>
Name Printed	Signature / Date



Customer		BRISCOE PETROLEUM LLC		Lease & Well #		LEIBEL 6		Date		10/13/2025			
Service District		PRATT		County & State		BARBER KS		Legals S/T/R		27-34S-11W			
Job Type		<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 #					
Equipment #		Driver		Ticket #								WP6629	
Job Safety Analysis - A Discussion of Hazards & Safety Procedures													
955		MATTAL		<input checked="" type="checkbox"/> Hard hat		<input checked="" type="checkbox"/> Gloves		<input type="checkbox"/> Lockout/Tagout		<input type="checkbox"/> Warning Signs & Flagging			
539/521		CALLAWAY		<input checked="" type="checkbox"/> H2S Monitor		<input checked="" type="checkbox"/> Eye Protection		<input type="checkbox"/> Required Permits		<input type="checkbox"/> Fall Protection			
179/533		WHITFIELD		<input checked="" type="checkbox"/> Safety Footwear		<input type="checkbox"/> Respiratory Protection		<input type="checkbox"/> Slip/Trip/Fall Hazards		<input type="checkbox"/> Specific Job Sequence/Expectations			
				<input checked="" type="checkbox"/> FRC/Protective Clothing		<input type="checkbox"/> Additional Chemical/Acid PPE		<input type="checkbox"/> Overhead Hazards		<input type="checkbox"/> Muster Point/Medical Locations			
				<input type="checkbox"/> Hearing Protection		<input type="checkbox"/> Fire Extinguisher		<input type="checkbox"/> Additional concerns or issues noted below					
Comments													
Product/ Service Code													
		Description				Unit of Measure		Quantity		Net Amount			
CP055		H-Plug A				sack		180.00		\$2,592.00			
CP096		Cement Gel				lb		250.00		\$101.25			
M015		Light Equipment Mileage				mi		55.00		\$99.00			
M010		Heavy Equipment Mileage				mi		110.00		\$396.00			
M020		Ton Mileage				tm		426.00		\$575.10			
C060		Cement Blending & Mixing Service				sack		180.00		\$226.80			
D011		Depth Charge: 501'-1000'				job		1.00		\$1,125.00			
C035		Cement Data Acquisition				job		1.00		\$225.00			
CP136		Liquid Defoamer				gal		1.00		\$45.00			
R061		Service Supervisor				day		1.00		\$247.50			
Customer Section: On the following scale how would you rate Hurricane Services Inc.?													
								Net:		\$5,632.65			
								Total Taxable		\$ -			
								Tax Rate:		\$ -			
Based on this job, how likely is it you would recommend HSI to a colleague?								State Tax:		\$ -			
<input type="checkbox"/>								Total:		\$ 5,632.65			
Unlikely 1 2 3 4 5 6 7 8 9 10 Extremely Likely								HSI Representative: Mike Mattal					

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.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer:	BRISCOE PETROLEUM LLC	Well:	LEIBEL 6	Ticket:	WP6629
City, State:	KIOWA KS	County:	BARBER KS	Date:	10/13/2025
Field Rep:		S-T-R:	27-34S-11W	Service:	PTA

Downhole Information	
Hole Size:	in
Hole Depth:	ft
Casing Size:	10 3/4 in
Casing Depth:	ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Tool Depth:	ft
Displacement:	bbls

Calculated Slurry - Lead	
Blend:	H-PLUG A
Weight:	13.8 ppg
Water / Sx:	5.9 gal / sx
Yield:	1.43 ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	45.8 bbls
Total Sacks:	180 sx

Calculated Slurry - Tail	
Blend:	
Weight:	ppg
Water / Sx:	gal / sx
Yield:	ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	0.0 bbls
Total Sacks:	#DIV/0! sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
9:10 AM			-	-	ON LOCATION
				-	1ST PLUG AT 598'
9:59 AM	2.0	10.0	2.0	2.0	PUMP 2 BBL WATER
10:02 AM	1.7	20.0	7.0	9.0	MIX 250 LBS CEMENT GEL
10:06 AM	2.6	20.0	12.7	21.7	MIX 50 SKS H-PLUG CIRCULATING
10:11 AM	3.0	30.0	1.5	23.2	START DISPLACEMENT
				23.2	2ND PLUG AT 315'
10:23 AM	2.0	10.0	0.5	23.7	ESTABLISH CIRCULATION
10:26 AM	3.7	80.0	19.1	42.8	MIX 75 SKS H-PLUG
10:31 AM	2.5	40.0	0.3	43.1	START DISPLACEMENT
				43.1	3RD PLUG AT 63'
10:41 AM	2.0	10.0	0.5	43.6	ESTABLISH CIRCULATION
10:43 AM	2.4	10.0	11.5	55.1	MIX 45 SKS H-PLUG
				55.1	CEMENT TO SURFACE
10:50 AM	1.0	10.0	2.5	57.6	MIX 10 SKS FOR TOP OFF
					CEMENT TO SURFACE
				-	
				-	
				-	
				-	
				-	
				-	
				-	JOB COMPLETE, THANK YOU!
				-	MIKE MATTAL
				-	SCOTT & BRIAN
				-	

CREW		UNIT	SUMMARY		
Cementer:	MATTAL	955	Average Rate	Average Pressure	Total Fluid
Pump Operator:	CALLAWAY	539/521	2.3 bpm	24 psi	58 bbls
Bulk #1:	WHITFIELD	179/533			
Bulk #2:					