

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



Customer	VESS OIL CORP		Lease & Well #	KOOGLER 97		Date	11/21/2025		
Service District	PRATT		County & State	BUTLER KS		Legals S/TR	20-26S-5E		
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	Ticket #	WP6732
Equipment #	Driver	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				
540/522	MCGRAW	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits		<input type="checkbox"/> Fall Protection			
529/532	CALLAWAY	<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			
181/534	MARTINEZ	<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			
912	JULIAN	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below					
1001	MCCOY	Comments							

Product/Service Code	Description	Unit of Measure	Quantity	Net Amount
CP010	Class A Cement	sack	335.00	\$6,030.00
CP095	Bentonite Gel	lb	2,500.00	\$1,012.50
CP100	Calcium Chloride	lb	350.00	\$236.25
CP165	Cottonseed Hulls	lb	50.00	\$45.00
M015	Light Equipment Mileage	mi	35.00	\$63.00
M020	Ton Mileage	tn	552.00	\$745.20
C060	Cement Blending & Mixing Service	sack	335.00	\$422.10
D013	Depth Charge: 2001'-3000'	job	1.00	\$1,800.00
CP136	Liquid Defoamer	gal	2.00	\$90.00
C025	Cement Pump - Hourly Service	hr	3.00	\$675.00
R061	Service Supervisor	day	1.00	\$247.50

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Net:	\$11,366.55
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 <i>Extremely Likely</i>		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:	\$ 11,366.55
		HSI Representative: <i>Mike Martal</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 3/4% 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.

X _____ **CUSTOMER AUTHORIZATION SIGNATURE**



CEMENT TREATMENT REPORT

Customer: VESS OIL CORP	Well: KOOGLER 97	Ticket: WP6732
City, State: EL DORADO KS	County: BUTLER KS	Date: 11/21/2025
Field Rep: SHANE SUMMERS	S-T-R: 20-26S-5E	Service: PTA

Downhole Information		Calculated Slurry - Lead		Calculated Slurry - Tail	
Hole Size:	in	Blend:	CLASS A	Blend:	
Hole Depth:	ft	Weight:	15.6 ppg	Weight:	PPG
Casing Size:	in	Water / Sx:	5.2 gal / sx	Water / Sx:	gal / sx
Casing Depth:	ft	Yield:	1.18 ft³ / sx	Yield:	ft³ / sx
Tubing / Liner:	in	Annular Bbls / Ft.:	bbs / ft.	Annular Bbls / Ft.:	bbs / ft.
Depth:	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:	70.4 bbls	Total Slurry:	0.0 bbls
		Total Sacks:	335 sx	Total Sacks:	#DIV/0! sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
8:10 AM			-	-	ON LOCATION
8:57 AM		150.0	11.8	11.8	PRESSURE TEST CASING TO 150 PSI, HELD
9:45 AM				11.8	PUMP TUBING DOWN OUTSIDE ANNULUS, STACKED OUT AT 160'
11:11 AM			2.0	13.8	PUMP 2 BBL WATER
11:26 AM	2.5	40.0	10.5	24.3	MIX 50 SKS CLASS A WITH 3% CALCIUM CHLORIDE AND 50 LBS COTTON SEED HULLS
11:33 AM			0.3	24.6	START DISPLACEMENT
12:34 PM				24.6	TAGGED CEMENT AT 68'
12:42 PM			10.5	35.1	FILL ANNULUS, STAYING FULL
12:53 PM	3.1	50.0	44.0	79.1	MIX 210 SKS CLASS A
				79.1	CEMENT IN CELLAR
1:14 PM			5.0	84.1	MIX 25 SKS CLASS A WITH 3% CALCIUM CHLORIDE
1:16 PM			0.3	84.4	PUMP .3 DISPLACEMENT
2:11 PM	3.0	310.0	70.0	154.4	PUMP 70 BBL GEL AT 2300' 2500 LBS GEL
2:38 PM	3.0	340.0	2.5	156.9	PUMP 2.5 BBL WATER DISPLACEMENT
				156.9	TUBING AT 582'
3:23 PM	3.1	100.0	10.5	167.4	MIX 50 SKS CLASS A WITH 3% CALCIUM CHLORIDE
3:26 PM	2.9	160.0	1.0	168.4	START DISPLACEMENT
4:08 PM				168.4	TAGGED AT 335'
				-	
				-	
				-	
				-	
				-	
				-	JOB COMPLETE, THANK YOU!
				-	MIKE MATTAL
				-	MIKE, SCOTT, DARYL, & KENNY

CREW		UNIT	SUMMARY		
Cementer:	MATTAL	955	Average Rate	Average Pressure	Total Fluid
Pump Operator:	MCGRAW	540/522	2.9 bpm	164 psi	168 bbls
Bulk #1:	CALLAWAY	529/532			
Bulk #2:	MARTINEZ	181/534			

