

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

57551



CLARKE CORPORATION

P.O. BOX 187

MEDICINE LODGE, KS 67104 Phone 886-5665

To: Brisco

Order No. _____

Trk No. 85

Called by _____

Driver Austin

Date

1-22-2026

Lease Liebi #1

Well No. _____

Slurp water out of pit-head 30661
to East ~~hard~~ pits mac Disposal

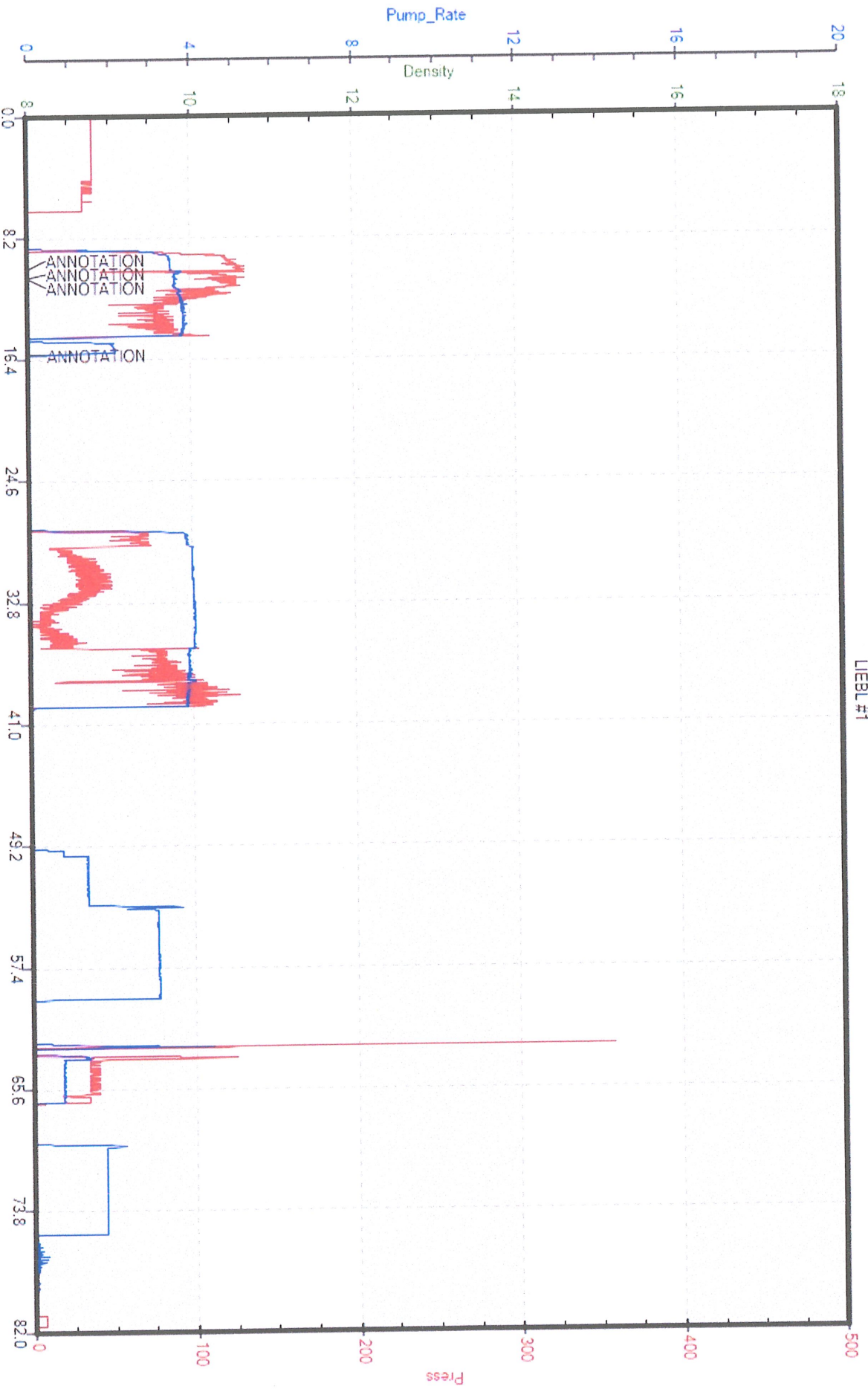
2hr 22c ce



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 7/8% 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.

ftv: 16-2022/08/12
mply: 520-2025/12/18

BRISCOE PETROLEUM
LIEBL #1



Cement Callsheet



HURRICANE SERVICES INC

Company	Briscoe Petroleum			Service Point	Pratt, Kansas			
Well Type	Oilkd	Contractor	Clarke Corp.		Contact Person	Kevin Brungardt	Phone	620-213-1586
Lease		Liebel	Well #	1	Sec.	27	Twp.	34s
							State	KS
							Range	11w

Directions

Medicine Lodge, Kansas - South on 281 Hwy. to MM 8 (Rattlesnake Road), East to dead end, North into

Job Type	Plug to Abandon	Casing Size	Thread	Weight
Instructions:	600' - 500 lb. gel + 50 sacks cement 300' - 75 sacks cement 60' - circulate cement to surface	Tubing/Drill Pipe Size	Thread	Weight
		2 3/8		
		Hole Size	Packer	Bridge Plug
		7 7/8		
Remarks:	Use Ticket WP 6819	Plug Container	Casing Swivel	Squeeze Manifold

Plug to Abandon

Cement Data

LEAD 1	Weight PPG	Type	Additives
Sacks	Excess	Yield Ft³/sk	Water Gal/sk
TAIL 1	Weight PPG	Type	Additives
CP055	13.78	H-Plug A	
Sacks	Excess	Yield Ft³/sk	Water Gal/sk
230	60%	1.43	6.92
LEAD 2	Weight PPG	Type	Additives
Sacks	Excess	Yield Ft³/sk	Water Gal/sk
TAIL 2	Weight PPG	Type	Additives
Sacks	Excess	Yield Ft³/sk	Water Gal/sk
MOUSE/RAT	Weight PPG	Type	Additives
Sacks	Excess	Yield Ft³/sk	Water Gal/sk

Float Equipment

Code	Quantity	Description

Misc. Chemicals

Code	Quantity	Description
CP096	500	Cement Gel

Ordered By	Mark Morganstern	Phone	620-886-0698	Fax		Date of Job	01/22/26
Call Taken By	Kevin Brungardt	Phone	620-213-1586	Email		Time of Job	Noon
Operator or Driver Called						Call Out Time	



Midwest Wireline, LLC
PO Box 793
Hays, KS 67601
(785)625-3858

Invoice

Date	Invoice #
1/21/2026	3613

Bill To
Briscoe Petroleum LLC PO Box 155 Mustang, OK 73064

Well Name: Liebl #1
County, State: Barber, KS
Due Date: 2/20/2026
Unit #: 111
Terms: Net 30

Check Remit to Address:
PO Box 793
Hays, KS 67601

ACH Payment Preferred:
Equity Bank
Checking Acct Name: Midwest Wireline LLC
Account Number: 7701058917
Routing Number: 101105354

Description	Quantity	Price	Amount
Truck Rental / Rig-up	1	2,200.00	2,200.00T
Setting Service - Depth 3.50" - 4.4" OD	4,590	0.40	1,836.00T
Dump Bailer - Depth	1	2,220.00	2,220.00T
Dump Bailer - Operations	4,590	0.29	1,331.10T
Dump Bailer - Depth	1	2,400.00	2,400.00T
Dump Bailer - Operations	4,590	0.29	1,331.10T
Subtotal of Invoice	1	2,400.00	2,400.00T
Total Discount - MS		-11,118.20	-11,118.20
Barber County Sales Tax		7.50%	195.00

Thank you for your business.

**All invoices over 60 days past due will be charged
15% interest**

Total

\$2,795.00



Service Order No.

Date: 1-21-26

Product Code	Description	Q-ty	Unit Price	Depth		\$ Amount
				From	To	
10000	Truck Rental / Rigup	1	2200			2200
15071	Depth Charge	4590	,40	0	4590	1,836
15090	Set 5 1/2" CIBP	1	2,220	4590		2,220
15021	Depth Charge	4590	,29	0	4590	1,331. ¹⁰
15022	Dump Cement on Plug 1sx	1	2,400	4590		2,400
15021	Depth Charge	4590	,29	0	4590	1,331. ¹⁰
15022	Dump Cement on Plug 1sx	1	2,400	4590		2,400
	4582,5					
	7,5					
	4590					

SUBTOTAL	13,718. ²⁰
DISCOUNT	11,118. ²⁰
SUBTOTAL	2,600
TAX	195.00
NET TOTAL	\$2,795.00

Midwest Field Representative

Michael Hiss m. H. 1-21-26

Name Printed Signature / Date

MIDWEST OFFICE USE ONLY - Manager Approval

  1-22-26

Name Printed _____ Signature / Date _____