

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



Excel Wireline, LLC

457 Yucca Lane
Pratt, KS 67124

Invoice

Date of Service	Due Date
1/29/2026	3/1/2026

Invoice #
6597

Bill To
F.G. Holl Company, LLC P.O. Box 308 Ellinwood, KS 67526-0308

Lease	Well #	County	Truck
Powell 1-9	Old	Stafford	#9

Quantity	Description	Unit Price	Amount
1	Service Charge, CIBP 4.5 Depth & Setting, Dump Bailer w/ 2 Sacks, Squeeze Holes, Squeeze Holes FEB 03 2026 ROB LONG		

Thank you for your business!

All accounts are to be paid within 30 days from date of invoice with Excel Wireline and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice. Interst, Attorney, Court, Filing and other fees will be added to accounts turned over to collections.

Subtotal

Sales Tax (7.5%)

Balance Due



HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:
F. G. HOLL COMPANY LLC
C/O ROB LONG
PO BOX 308
ELLINWOOD, KS 67526

Invoice Date: 1/29/2026
Invoice #: 0388542
Lease Name: Powell
Well #: 1-19
County: Stafford, Ks
Job Number: WP6798
District: Pratt

Date/Description	HRS/QTY	Rate	Total
Plug to Abandon	0.000		
H-Plug	190.000		
Hulls	2.000		
Cement Gel-Tacobond	1,000.000		
Light Eq Mileage	50.000		
Heavy Eq Mileage	100.000		
Ton Mileage	409.000		
Cement Blending & Mixing	190.000		
Depth Charge 501'-1000'	1.000		
Cement Data Acquisition	1.000		
Liquid Defoamer	2.000		
Service Supervisor	1.000		

FEB 09 2026
ROB LONG

Net Invoice
Sales Tax: —
Total =

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% 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!

Copy - LM



Customer	FG HOLL		Lease & Well #	EMBRY A 2-23		Date	1/21/2026		
Service District	PRATT		County & State	EDWARDS KS		Legals S/T/R	23-246-16W		
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 #	WP6815
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures							
985	MATTAL	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging				
271	CALLAWAY	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection				
206	MCGRAW	<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				
178/533	JULIAN	<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									

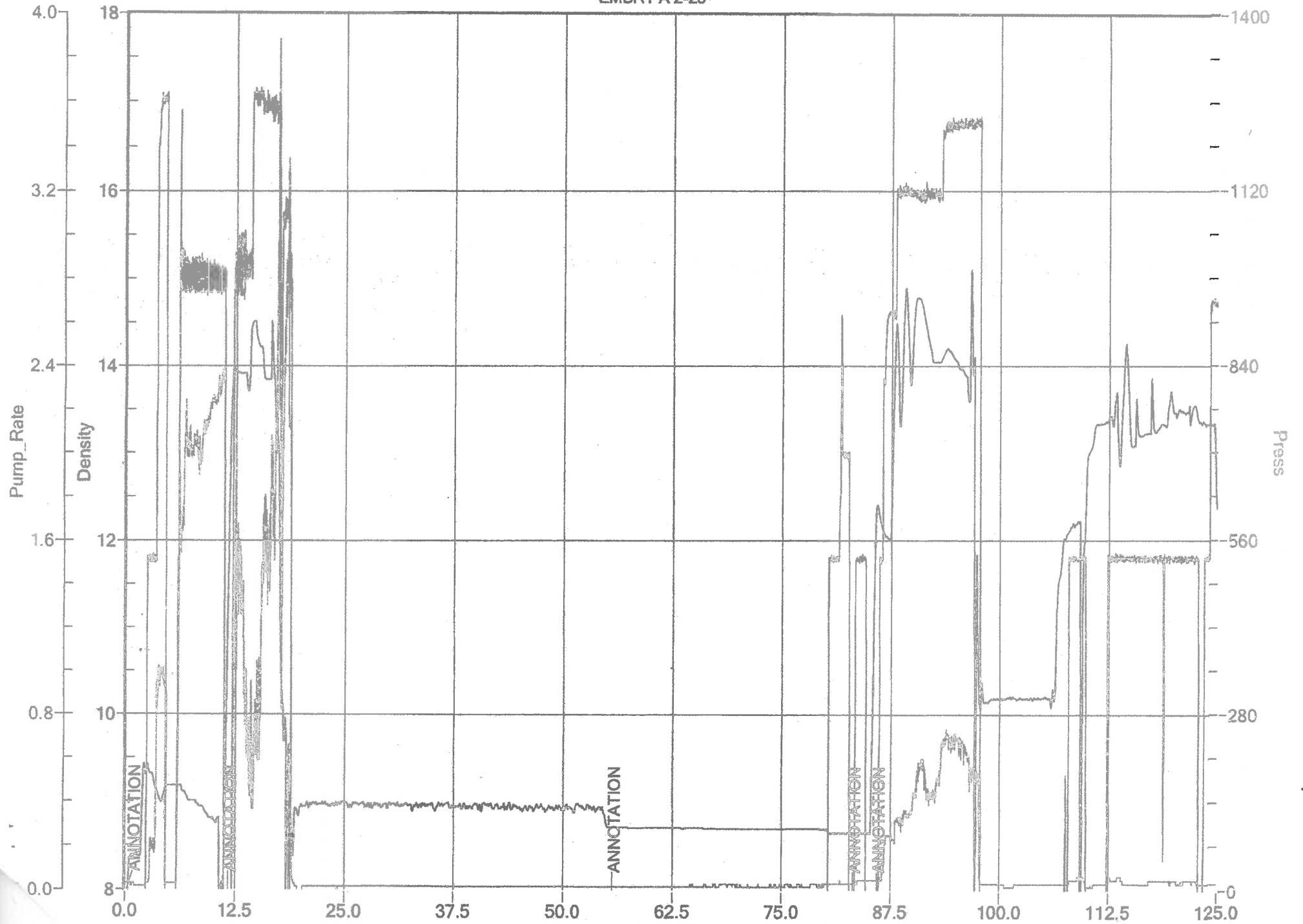
Product/Service Code	Description	Unit of Measure	Quantity	Net Amount
CP055	H-Plug A	sack	225.00	
CP096	Cement Gel	lb	1,000.00	
CP165	Cottonseed Hulls	lb	100.00	
CP136	Liquid Defoamer	gal	1.00	
M015	Light Equipment Mileage	mi	40.00	
M010	Heavy Equipment Mileage	mi	120.00	
M020	Ton Mileage	tn	387.00	
C060	Cement Blending & Mixing Service	sack	225.00	
D012	Depth Charge: 1001'-2000'	job	1.00	
C035	Cement Data Acquisition	job	1.00	
R061	Service Supervisor	day	1.00	

Customer Section: On the following scale how would you rate Hurricane Services Inc.?		Net:
Based on this job, how likely is it you would recommend HSI to a colleague?		Total Taxable \$ - Tax Rate:
<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>		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:
		HSI Representative: <i>Mike Mattal</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 1/2% 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**

FG HOLL
EMBRY A 2-23



Job Started On: 01/21/2026 @ 1:14:10 PM