

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



2159

1013 240th AVENUE • HAYS, KANSAS 67601 • 785-621-2135

Date 8-11-2021

CHARGE TO: K+M Petroleum, Inc
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. OW
 LEASE AND WELL NO. Sparks #1 FIELD _____
 NEAREST TOWN Ellinwood COUNTY Stafford STATE Kansas
 SPOT LOCATION 1731 FSL + 4402' FEL SEC. 6 TWP. 215 RANGE 11W
 ZERO KB CASING SIZE 5 1/2 WEIGHT _____
 CUSTOMER'S T.D. 3434 LOG-TECH TD _____ FLUID LEVEL Full
 ENGINEER S. Chesney OPERATOR R. Bollig

PERFORATING						
Description	No. Shots	Depth		Amount		
		From	To			
<u>Perf 3 3/8 HEC 1x4</u>	<u>4</u>	<u>630</u>	<u>631</u>	<u>1350</u>	<u>00</u>	

DEPTH AND OPERATIONS CHARGES						
Description	Depth		Total No. Pt	Price Per Pt	Amount	
	From	To				
<u>Setting Charge</u>	<u>0</u>	<u>650</u>			<u>1500</u>	<u>00</u>
<u>5 1/2 CIBP</u>	<u>650</u>				<u>1050</u>	<u>00</u>

MISCELLANEOUS			
Description	Quantity	Amount	
Service Charge <u>T904</u>		<u>1500</u>	<u>00</u>
T.J.			
A.O.L.			
S.J.			
F.J. T.W.T.			

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

[Signature] 8/11/21
 Customer Signature Date

Sub Total	<u>5400</u>	<u>00</u>
Tax	<u>2300</u>	<u>00</u>
Total	<u>172</u>	<u>50</u>
Total	<u>\$2,472</u>	<u>50</u>

