

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

SUNFLOWER WELL SERVICE, INC.

P.O. BOX 341

CANTON, KS 67428-0341

PH. (620) 628-4723

FAX (620) 628-7911

INVOICE

TO: Excalibur Production Company
P O Box 278
McPherson, KS 67460-0278

INVOICE NUMBER 4191 LEASE NAME Bishop #1
INVOICE DATE 01-04-22

DATE	DESCRIPTION	UNIT PRICE	TOT INV
12/23/21	MOVED TO LOCATION:		
	Rigged up, Pulled and singled rods out, Pulled tubing, Ran bailer, Found T.D. at 2821', Sanded back to 2700', Shut down.	\$215per hr	N/C
	Rig & Crew 8 hrs		
12/27/21	Ran bailer in, Found sand and dumped 4 sacks of cement on bottom, Dug Surface out, Started to pull casing slips, Casing parted, Pulled 5 joint of 4-1/2" casing, Shut down for cement truck.	\$215 per hr	N/C
	Rig & Crew 8 hrs		
12/28/21	Ran 2" tubing, Had to circulate last 2 joint to get to 250'. Broke circulation, Circulated cement to surface, Pulled tubing, washed up, Rigged down.	\$215 per hr	N/C
	Rig & Crew 4 hrs		
	Used 225 sacks of cement.		

THANK YOU FOR YOUR BUSINESS!!!!

SubTotal \$
Sales Tax 8.0%
TOTAL \$

TERMS: NET 30 1.5% WILL BE ADDED AFTER 30 DAYS FROM
DATE OF INVOICE. PLEASE PAY FROM THIS INVOICE.