KOLAR Document ID: 1678451

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 #: | | | API No | o. 15 - | | | | | |
|-------------------------------|-----------------------------|--|------------------|--|--|--|--|--|--|
| Name: | | | | Spot Description: | | | | | |
| Address 1: | | | | | | | | | |
| | | | | Feet from | | | | | |
| City: | State: | Zip:+ | | Feet from East / West Line of Section | | | | | |
| Contact Person: | | | Footag | Footages Calculated from Nearest Outside Section Corner: | | | | | |
| Phone: () | | | | NE NW | SE SW | | | | |
| Water Supply Well | Other: | OG D&A Cathod SWD Permit #: | County | County: Lease Name: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date) | | | | | |
| ENHR Permit #: | Gas St | orage Permit #: | Date V | | | | | | |
| Is ACO-1 filed? Yes | No If not, is we | ell log attached? Yes | No The pl | | | | | | |
| Producing Formation(s): List | • | , | I * | | (KCC District Agent's Name) | | | | |
| Depth t | • | om: T.D | Pluggii | Plugging Commenced: | | | | | |
| Depth t | • | om: T.D | Pluggii | Plugging Completed: | | | | | |
| Depth t | o Top: Bott | om: T.D | | | | | | | |
| Show depth and thickness of | all water, oil and gas forn | nations. | | | | | | | |
| Oil, Gas or Wate | er Records | | Casing Record (S | ng Record (Surface, Conductor & Production) | | | | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | . 0 | ged, indicating where the muc of same depth placed from (bo | • | | ods used in introducing it into the hole. If | | | | |
| Plugging Contractor License | | Name: | 9: | | | | | | |
| Address 1: | | | Address 2: | | | | | | |
| City: | | | State: _ | | Zip:+ | | | | |
| Phone: () | | | | | | | | | |
| Name of Party Responsible for | or 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.



TREATMENT REPORT

Acid Stage No.

| Date 1 | I/11/2022 pd | etrict GB | F O N | 50628 | | Amt. T | | | nds of Sand | | | |
|--|--------------------------|-----------------|--------------------|--------------------|--|--|-----------|-------|-------------|--|--|--|
| Date 11/11/2022 District GB F.O. No. 50628 Company Smith Oil | | | | Bkdown | Bbl /Gal | | | | | | | |
| Well Name & No. Sleeper C-15 Location Field County Stafford State KS | | | | | | Bbl./Gal. | | | | | | |
| | | | | | | Bbt./Gal. | | | | | | |
| | | | | | Flush | | | | | | | |
| dount | otonora - | | 3.010 113 | | • | | | | | | | |
| 0 1 | C | | | | | ft. to | | | | | | |
| Casing: | | | | Set atft. | | | f | | | | | |
| Formation: Perf. to | | | | ft. to | The state of the s | . No. ft | 0 | | | | | |
| Formation | Formation: Perf. to | | | | | Actual Volume of Oil / Water to Load Hole: Bbl./Gal. | | | | | | |
| Formation | : | | Perf. | to | | | | | | | | |
| Liner: Si | ze Type & | Wt | Top at ft. | Bottom atft. | Pump Trucks. No. | Used: Std. 365 | 5p | Twin | | | | |
| (| Cemented: Yes | ▼ Perforated fr | om | ft. toft. | Auxiliary Equipment | | 360 | | | | | |
| | | | Swung at | ft. | Personnel Nathan Joe | | | | | | | |
| | Perforated fr | om | ft. to | ft. | Auxiliary Tools | | | | | | | |
| | | | | | Plugging or Sealing Ma | terials: Type | | | | | | |
| Open Hole | Size | T.D. | ft. P. | B. toft. | | | | Gals. | lb. | | | |
| | | | - W W | | | | | | | | | |
| | any Representative Kelso | | | | Treater | | Nathan W. | | | | | |
| a.m./p.m. | | Casing | Total Fluid Pumped | | | REMARKS | | | | | | |
| | 2" | | | On Location. | | | | | | | | |
| | | | | OTT ECOUNTOTI | | | | | | | | |
| | | | | Pull casing and | run tubing to | 600' | | | | | | |
| | | | | | | | | | | | | |
| | | | | Mix 5sks of gel | and 50sks 60/ | 40noz 4%gel a | t 600' | | | | | |
| | | | | TVIIA SSRS OF BETT | aria sasks day | Topoz Trogere | | | | | | |
| | | | | Mix 50sks at 27 | 0' | | | | | | | |
| | | | | IVIIX JUSKS at 27 | 0 | | | | | | | |
| | | | - | M'- 40-1 50 | l Cinculated a | | | | | | | |
| | | | | Mix 40sks at 60 | Circulated c | ement to sur | ace. | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | Thank You! | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | Nathan W. | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | - | | | | | | | | |
| | | | | | | | | | | | | |
| | | - | - | | | | • | | | | | |
| - | | | - | | | | | | | | | |
| | | - | - | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |