

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



RECEIVED JAN 10 2023

HURRICANE SERVICES INC

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

Customer:
MCCOY PETROLEUM CORP
PO BOX 39
SPIVEY, KS 67142

Y28022

Invoice Date: 12/31/2022
Invoice #: 0365568
Lease Name: Yohn 'A'
Well #: 4-26
County: Kiowa, Ks
Job Number: WP3783
District: Pratt

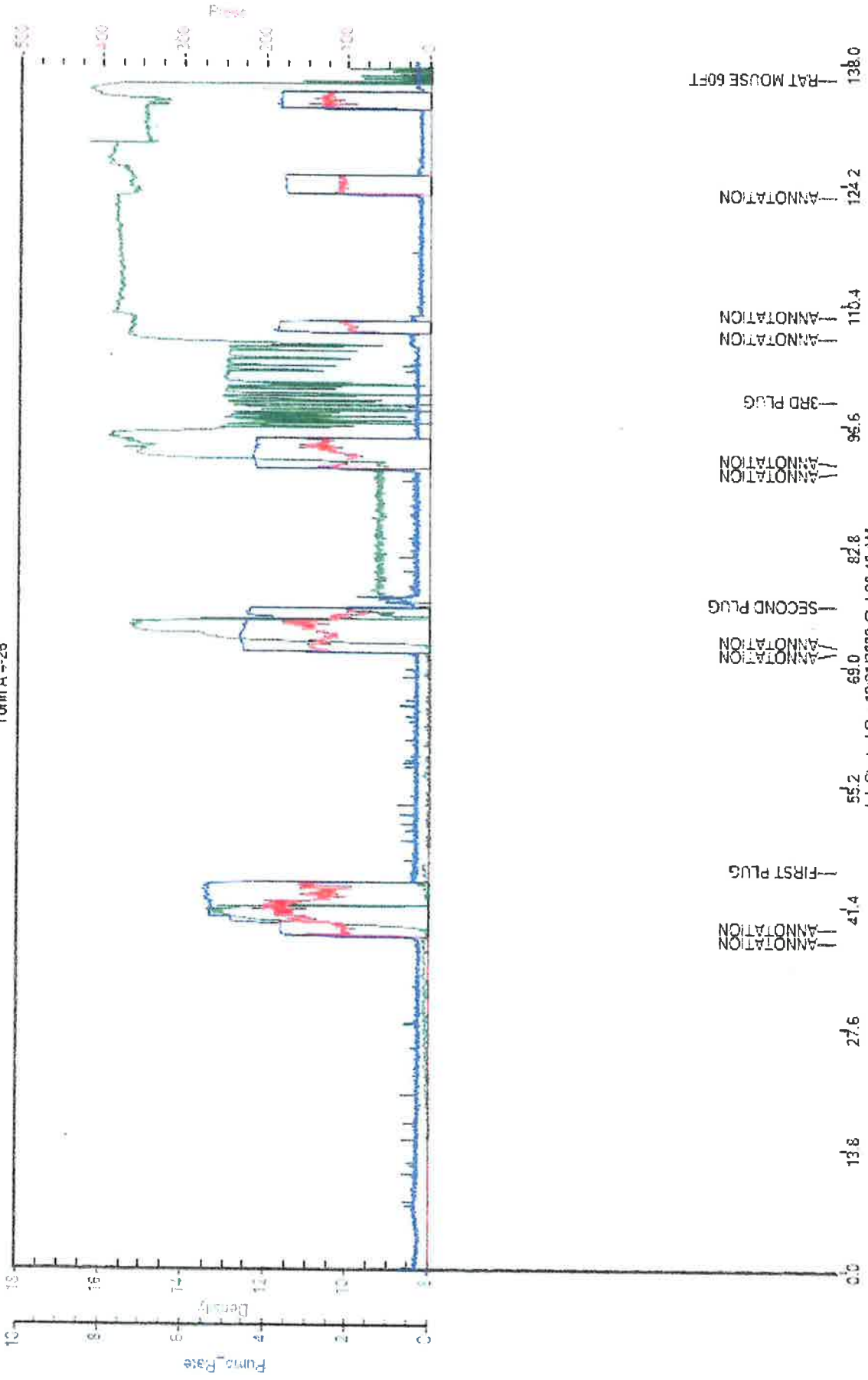
Date/Description	HRS/QTY	Rate	Total
PTA	0.000		
H-Plug	210.000		
Light Eq Mileage	50.000		
Heavy Eq Mileage	100.000		
Cement Blending & Mixing	210.000		
Ton Mileage	453.000		
Depth Charge 1001'-2000'	1.000		
Cement Data Acquisition	1.000		
Service Supervisor	1.000		

Net
Sa

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maxim federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is pas without discount plus additional sales tax, as applicable, is due immediately and subject to interest cha collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collec
SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with ce well information provided by the customer in identifying whether the services performed on wells qualify fo

WE APPRECIATE YOUR BUSINESS!

McCoy Petro
Yohn A-25



Job Started On 12/31/2022 @ 4:26:48 AM