

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



Cement, Acid, or Tools
Service Ticket

Ticket # 6092023

Date: 9-Jun-23

CHARGE TO: RUNNING FOXES PETROLEUM, INC.

ADDRESS: _____ CITY _____ STATE ____ ZIP _____

LEASE & WELL NO.: VOGEL 36 INJ 2 _____ API: 15-011-23331

KIND OF JOB: P&A _____ SEC. 27 _____ TWP. 26 _____ RNG. 23E _____

DIR. TO LOC.: _____

Quantity	Material	Used	Serv. Charge
25 SACKS	Portland Cement		
	BULK CHARGE		
	BULK TRK. MILES		
	PUMP TRK MILES		
	WATER TRK HRS		
	PLUGS		
			SALES TAX
			TOTAL

T.D. 500' _____ CSG SET AT 494' _____ VOLUME _____
 SIZE HOLE 2.875" _____ TBG SET AT _____ VOLUME _____
 MAX PRESS. 600 PSI _____ PIPE SIZE _____
 PLUG DEPTH _____ PKER DEPTH _____
 PLUG USED _____ TIME FINISHED _____

REMARKS: PUMPED 25 SACKS FROM TD TO SURFACE.

EQUIPMENT USED
 NAME: UNIT NO.#
 6T _____
 MUD PUMP _____
 WATER TRAILER _____

NAME: UNIT #
 Rob Coleman _____
 Chuck Large _____
 Levi Bin _____

Tunesco Rep Signature

Owners Rep Signature