***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 #: 3801
Name: Leake, Henry A. dba Geo-Sax Petroleum
Address 1: 6882 322ND RD
Address 2:
City: ARKANSAS CITY State: KS Zip: 67005 + 6351
Contact Person: Henry Leake III
Phone: ( 620 ) 7411717

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 - 15-191-01030-00-02
Spot Description:
SW NW NW Sec. 1 Twp. 35 S. R. 2 ☑ East ☐ West
4259 Feet from ☐ North / ☑ South Line of Section
4860 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Sumner
Lease Name: HORTON Well #: 3-A
Date Well Completed:
The plugging proposal was approved on: *(Date)*
by: *(KCC **District** Agent's Name)*
Plugging Commenced: 11/3/2023
Plugging Completed: 11/3/2023

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 |
| | | | | | |
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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.

From the bottom to the top with cement. Cement 900ft to the surface

Plugging Contractor License #: 32933 Name: Miller, Todd dba Speedy Well Service
Address 1: 402 W ELM ST Address 2:
City: SEDAN State: KS Zip: 67361 + 1219
Phone: ( 620 ) 725-3631
Name of Party Responsible for Plugging Fees: Henry Leake III

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