

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

Ratzlaff Brothers Concrete

1220 27th Avenue
Canton, KS 67428

| Invoice | |
|-----------|-----------|
| Date | Invoice # |
| 3/12/2024 | 111686 |

| |
|--|
| Bill To |
| Te-Pe Oil & Gas Co PO Box 522 Canton, KS 67428 |

| |
|---------------|
| Job Location |
| R. Chaffee #2 |

| | |
|--------|-----------|
| Terms | Due Date |
| Net 15 | 3/27/2024 |

| Mix Type | Ticket # | Yards | Price/Yd. | Amount |
|---|----------|---|------------|-----------|
| 3/11 - Wakefield | | | | |
| Mileage | | | 416.00 | 416.00T |
| 22 Sack Slurry | 6887 | 4.74 | 345.00 | 1,635.30T |
| Pour Time Overage | | | 359.90 | 359.90T |
| Sales Tax | | | 7.50% | 180.84 |
| O.K. TO PAY | | | | |
| By _____ Date _____ | | Recd 3/12/24 PAID 48732 3/29/24 | | |
| Lease R. chaffee #2 cementing top plug | | | | |
| Total | | | \$2,592.04 | |

Past due balances in excess of 30 days will be assessed interest at a rate within legal maximum and not to exceed 1 1/2% per month (18% APR)

No 59908

MIDWEST PRODUCTS LLC

1-800-371-2252

Credit Card

Hanover Washington #1 Washington #2 Clay Center

_____ 3-13 20__

Name _____

Address _____

Project _____

| Cubic Yards | Cement Mix | Fiber Mesh | Plastisizer | % Calcium | Hot Water | Water Added at Jobsite | TOTAL | |
|-------------|------------|------------|-------------|-----------|-----------|------------------------|-------|----|
| | | | | | | | 331 | 00 |
| | | | | | | | | |
| | | | | | | | | |

*Top off
Chapter 2*

| | | |
|--------------|------------|-----------|
| | | |
| Del. Chg. | 50 | 00 |
| Sales Tax | 72 | 76 |
| TOTAL | 472 | 40 |

Loaded Miles _____

Driver _____

Received by _____ Truck No. _____

Our responsibility for broken sidewalks or damage to shrubbery or other property ceases when we cross your property line or enter the project site.