

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



TREATMENT REPORT

Acid Stage No. _____

Date 5/31/2024 District GB F.O. No. C61081
 Company JAY KREHBIEL
 Well Name & No. KOENIG #4
 Location 15-20-10W Field _____
 County RICE State KS

Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Bkdown	_____ Bbl./Gal.	_____	_____	_____
	_____ Bbl./Gal.	_____	_____	_____
	_____ Bbl./Gal.	_____	_____	_____
	_____ Bbl./Gal.	_____	_____	_____
Flush	_____ Bbl./Gal.	_____	_____	_____

Casing: Size 4 1/2 Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes No Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. 2 7/8 Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Treated from _____ ft. to _____ ft.	No. ft.	0
from _____ ft. to _____ ft.	No. ft.	0
from _____ ft. to _____ ft.	No. ft.	0
Actual Volume of Oil / Water to Load Hole:	_____ Bbl./Gal.	
Pump Trucks: No. Used: Std. <u>318</u> Sp. _____ Twin _____		
Auxiliary Equipment	_____	327
Personnel <u>GREG CURTIS</u>		
Auxiliary Tools	_____	
Plugging or Sealing Materials: Type <u>COMMON</u>		
	Gals. _____	lb. _____

Company Representative JAY KREHBIEL Treater GREG C.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
8:45				ON LOCATION
				PUMP 50 SKS COMMON 3% CC @ 3350'
				CUT TUBING @ 1430'. PERF @ 1300' 900' & 250'
				PUMP 60 SKS @ 1300'. WAIT TO TAG CEMENT.
				TAGGED CEMENT @ 1150'
				CIRCULATE CEMENT FROM 900' TO SURFACE, TOOK 50 SKS
				CIRULATE CEMENT OUT OF THE SURFACE PIPE, TOOK 60 SKS
				TOPPED OFF WITH 20 SKS
5:30				JOB COMPLETE
				THANK YOU!!!

RECEIVED BY _____ NET 30 DAYS
 P.O. BOX 436 HAYSVILLE, MO 67060
 PHONE 816-785-1100 FAX 816-785-1101
 PRICE LIST AVAILABLE UPON REQUEST AND IN ACCORDANCE WITH MISSOURI LAWS
 RECEIVED _____
 Invoice Total \$ 441.32
 There will be a charge of 1.5% per month (18% annual rate) on all accounts over 30 days past due.
 Payment in Advance is a condition of service.
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