

**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.

(Print Name)  Employee of Operator or  Operator on above-described well,

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

Site: EER lease/well/prop  
Dept: EER-Oklahoma/Kansas  
Approver: Joe Driskill

SWS Operations LLC.  
402 Elm St  
Sedan, KS 67361 US  
+16202497397  
ttagbm@yahoo.com

OPA 240211

9.160

Invoice

BILL TO  
Endeavor Energy Resources  
P.O. Box 40  
Deleware, Ok 74027 Nowata

SHIP TO  
Endeavor Energy Resources  
P.O. Box 40  
Deleware, Ok 74027 Nowata

INVOICE #	DATE	TOTAL DUE	DU DATE	TERMS	ENCLOSED
3829	09/06/2024	USD 6,500.00	10/06/2024	Net 30	

ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
CEMENT	Liebert 28-4 950ft to surface 95 sacks, cut, covered plugged 6-24	1	6,500.00	6,500.00
	SUBTOTAL			6,500.00
	TAX			0.00
	TOTAL			6,500.00
	BALANCE DUE			<b>USD 6,500.00</b>