

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.

Table with 6 columns: Oil, Gas or Water Records (Formation, Content) and Casing Record (Surface, Conductor & Production) (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

Summary of Changes

Lease Name and Number: SOBBA 33

API/Permit #: 15-003-27201-00-00

New Doc ID: 1812323

Parent Doc ID: 1803773

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	11/18/2024	01/28/2025
Date Plugging Commenced	7/13/2024	11/13/2024
Date Plugging Completed	7/13/2024	11/13/2024
Quarter Call 2		SW
Quarter Call 3		SW
Well Type	OIL	DH