

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

◆ 416 Main St., P.O. Box 225, Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 1440
LOCATION House
FOREMAN Conrad

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-6-25		Titan #1	26	15	31	Gove
CUSTOMER ARP Operating LLC						
MAILING ADDRESS 730 17 th Street, Suite 715						
CITY Denver	STATE CO	ZIP CODE 80202				

TRUCK #	DRIVER	TRUCK #	DRIVER
103	Conrad		
201	Josh T.		

JOB TYPE <u>Surface</u>	HOLE SIZE _____	HOLE DEPTH _____	CASING SIZE & WEIGHT <u>2 3/4 8 5/8</u>
CASING DEPTH <u>226'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____
REMARKS:	<u>Safety meeting & setup on Titan #1, Circulating when</u> <u>hooked up, mixed 175 sx Cement @ 15.2#, displaced with 14.25 bbl</u> <u>water, shut in. Cement circulated to pit</u>		

Thanks, Connor & Josh

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC002	1	PUMP CHARGE Surface	\$1150 ⁰⁰	\$1150 ⁰⁰
M001	62	MILEAGE	\$6. ⁵⁰	\$403 ⁰⁰
M002	8.66 tons	Ton mileage delivery	\$805 ³⁸	\$805 ³⁸
CB004	175 sq	Class A 3% cc Zigel	\$25 ⁵⁰	\$4462 ⁵⁰
CP005	100 lbs	Sulf	\$1. ⁵⁰	\$50 ⁰⁰
			sub total	\$16,870 ⁸⁸
			less 5% disc.	\$343 ⁵⁴
			ab total	\$16,527 ³⁴
			SALES TAX	364.38

AUTHORIZATION	<i>Hester</i>	TITLE	<i>Tail Pusher</i>	ESTIMATED TOTAL	6891.72
				DATE	<i>2-6-25</i>

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

◆ Email: franksoilfield@yahoo.com

FOREMAN *Conner D.*

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