

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 #: 35162
Name: Dixon Operating Company, LLC
Address 1: 1625 N WATERFRONT PKWY STE 220
Address 2: _____
City: WICHITA State: KS Zip: 67206 + 6620
Contact Person: TJ Dixon
Phone: (316) 264-9632
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 - 15-185-24168-00-00
Spot Description: _____
N2 - S2 - SE NE Sec. 33 Twp. 22 S. R. 12 ☐ East ☒ West
3070 Feet from ☐ North / ☒ South Line of Section
660 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: Stafford
Lease Name: KRANKENBERG Well #: 3
Date Well Completed: _____
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: 1/21/2025
Plugging Completed: 1/21/2025

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
		Surface	8.625	306	0

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.

Plugged w/ 50sx @ 3766', 50sx @ 690', 50sx @ 360', 20sx @ 60'. RH 30sx, MH 20sx. Plug down @ 4:30AM.

Plugging Contractor License #: 34059 Name: Hurricane Services, Inc.
Address 1: 250 N WATER ST STE 200 Address 2: _____
City: WICHITA State: KS Zip: 67202 + 1215
Phone: (316) 303-9515
Name of Party Responsible for Plugging Fees: Dixon Operating Company
State of Stafford County, Kansas, ss.
TJ Dixon ☒ 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