

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

**SERVICE TICKET
WELL CEMENTING**

BIRK PETROLEUM
BRIAN L BIRK
1044 US HWY 75
BURLINGTON, KS 66839

DATE: 03/31/2025

COUNTY Coffey _____ CITY _____

CHARGE TO Birk Petroleum
ADDRESS _____ CITY _____ ST _____ ZIP _____
LEASE & WELL # BIRKBECK #4; API: 15-031-23076 CONTRACTOR _____
KIND OF JOB PLUG WELL SEC 33 TWP 21 RG 15E OLD NEW

QUANTITY	MATERIAL USED	SERVICE CHG
10 SX	H-PLUG CEMENT – 03/31/25	
60 SX	H-PLUG CEMENT - 04/08/25	
950 LBS	BENTONITE GEL	
	BULK CHARGE	
	BULK TRK MILES	
	PUMP TRK MILES	
	PLUGS	
	TOTAL	

T.D _____ CASING SET AT 1941' VOLUME _____

HOLE SIZE _____ TBG SET AT _____

MAX PRESSURE _____ SIZE PIPE 4.5"

PLUG DEPTH _____ PKER DEPTH _____ PLUG USED _____

TIME FINISHED _____

REMARKS: 03/31/25: Hook to 2 3/8" tubing ran in to well @ 1910'. Established circulation. Mixed & pumped 350# gel followed by 10 sx H-plug cement. Pulled tubing from well. Perforated 4 1/2" casing @ 984'. Pulled 984' of 4 1/2" casing from well. 04/08/25: Hooked to 2 3/8" tubing ran in to well @ 850' & established circulation. Mixed and pumped 600# of gel followed by 10 sx H-plug cement. Rig pulled tubing to 250'. Mixed and pumped 45 sx H-plug cement. Pulled tubing out of well. Topped well off with 5 sx cement. Good cement to surface. Job complete.

NAME Brian L Birk

CEMENTER OR TREATER

OWNER'S REP