

**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 #3; API: 15-031-20563-01 (SWD) 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	
40 SX	H-PLUG CEMENT - 04/08/25	
550 LBS	BENTONITE GEL	
	BULK CHARGE	
	BULK TRK MILES	
	PUMP TRK MILES	
	PLUGS	
	TOTAL	

T.D. \_\_\_\_\_ CASING SET AT 1933' 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 @ 860' and 250'. 04/08/25: Hooked to 2 3/8" tubing ran in to well @ 850' & established circulation. Mixed and pumped 200# of gel followed by 10 sx H-plug cement. Rig pulled tubing to 250'. Mixed and pumped 25 sx H-plug cement. Pulled tubing out of well. Topped well off with 5 sx cement. Good cement to surface. Job complete.

NAME 

\_\_\_\_\_

CEMENTER OR TREATER \_\_\_\_\_

OWNER'S REP \_\_\_\_\_