

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

[illegible]



BOX 438 - HAYSVILLE, KANSAS 67060
316-524-1225

DATE 25-Apr 20 25

TO TREAT WELL

Sec Twp

Range _____ County RENO State KS

Job Safety Analysis-Hazards & Safety Procedures

- | Safety Analysis-Hazards & Safety Procedures | | |
|--|--|--|
| <input checked="" type="checkbox"/> Hard Hat | <input checked="" type="checkbox"/> Gloves | <input type="checkbox"/> Permits |
| <input type="checkbox"/> H2S Monitor | <input checked="" type="checkbox"/> Eye Protection | <input type="checkbox"/> Trip Hazard |
| <input checked="" type="checkbox"/> Safety Shoes | <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Fall Protection |
| <input type="checkbox"/> FR Clothing | <input type="checkbox"/> Chemical/Acid PPE | |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fire Extinguisher | |

TOTAL BILLING		\$7,808.85
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I certify that the above material has been accepted and used, that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Consolidated Resources, Inc. [Signature]

Station GB

KURT

Remarks

Well Owner, Operator or Agent

NET 30 DAYS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid is to service or treat at owner's risk. The heretofore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 8% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

Remarks FURNISH PLUG TOB w/ 255x Common Cement
NET 30 DAYS

[illegible]

GRESSEL OIL FIELD SERVICE

POST OFFICE BOX 438
HAYSVILLE, KS 67060
(316) 524-1225
FAX (316) 524-1027

Invoice

Page: 1

BURRTON, KS
(620) 463-5161

GREAT BEND, KS
(620) 793-3366

HAYS, KS
(785) 628-3220

INVOICE NUMBER:
L2982-IN

BILL TO:
NOVY OIL & GAS, INC.
PO BOX 559
GODDARD, KS 67052

LEASE: KSU #2-3

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
04/30/2025	2982		04/25/2025	KSU #2-3	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
		PERFORATED WITH TITAN 3323-323T, SQUEEZE HOLES AS FOLLOWS: FROM 1400' TO 1401' WITH 4 SHOTS; FROM 900' TO 901' WITH 4 SHOTS; AND FROM 300' TO 301' WITH 4 SHOTS. SET 5 1/2" WEATHERFORD CIBP AT 3695' WITH 2 SACKS CEMENT ON TOP..				
1.00	EACH	SET UP WIRELINE		0.00	1,000.00	1,000.00
1.00	EACH	PERFORATE - 1ST 4 SHOTS		0.00	1,200.00	1,200.00
1.00	EACH	PERFORATE - NEXT 4 SHOTS		0.00	700.00	700.00
1.00	EACH	PERFORATE - NEXT 4 SHOTS		0.00	700.00	700.00
1.00	EACH	CAST IRON BRIDGE PLUG		0.00	850.00	850.00
3,695.00	EACH	SET CIBP		0.00	0.22	812.90
1.00	EACH	DUMP BAILER		0.00	300.00	300.00
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		LTG		Net Invoice:		5,562.90
RECEIVED BY		NET 30 DAYS		RENCO Sales Tax:		222.22
				Invoice Total:		5,785.12

There will be a charge of 1.5% (18% annual rate) on all accounts over 30 days past due.
Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



2982

Field Service, LLC

P.O. BOX 438
Haysville, KS 67060

(316) 524-1225 • FAX (316) 524-1027

Date 4-25-25CHARGE TO: Navy Oil & Gas

ADDRESS _____

R/A SOURCE NO. _____

CUSTOMER ORDER NO. _____

LEASE AND WELL NO. KSU #2-3

FIELD _____

NEAREST TOWN _____

COUNTY LeaSTATE KSSPOT LOCATION NW-NE-NE-SESEC. 3TWP. 23SRANGE 10WZERO Gr.L.CASING SIZE 5 1/2"

WEIGHT _____

CUSTOMER'S T.D. _____

GRESSEL _____

FLUID LEVEL 2770'ENGINEER Lee Bretz

OPERATOR _____

PERFORATING

Description	No. Shots	Depth		Amount
		From	To	
Titan 3323-323T Squeeze Holes	4	1400	1401	1200 00
" " " " "	4	900	901	700 00
" " " " "	4	300	301	700 00

DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
Set 5 1/2" Weathered CTR 3695'	0	3695	3695	.22	812 90

MISCELLANEOUS

Description	Quantity	Amount
Service Charge		
5 1/2" Weathered CTR	1	1000 00
Dump 2 sacks Cement supply	1	850 00
	1	300 00

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS
AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH
WE HEREBY AGREE.

.....Sub Total

.....Tax

5572 90

Customer Signature _____

Date _____

WHITE - Original

CANARY - File Copy

PINK - Customer Copy

GOLDENROD - Field Copy

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1

March 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

**REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE PIT PERMIT**

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

Check Applicable Boxes:

- ☒ Oil Lease: No. of Oil Wells 1 **
- ☐ Gas Lease: No. of Gas Wells _____ **
- ☐ Gas Gathering System: _____
- ☐ Saltwater Disposal Well - Permit No.: _____
- Spot Location: _____ feet from ☐ N / ☐ S Line
_____ feet from ☐ E / ☐ W Line
- ☐ Enhanced Recovery Project Permit No.: _____
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells _____ **

Field Name: Zenith-Peace Creek

**** Side Two Must Be Completed.**

Effective Date of Transfer: October 20, 2011

KS Dept of Revenue Lease No.: 138179

Lease Name: KSU #2-3

100' - E - E/2 - E/2 Sec. 3 Twp. 23 R. 10 ☐ E ☒ W

Legal Description of Lease: 2630' FSL & 560' FEL

County: Reno

Production Zone(s): Viola

Injection Zone(s): _____

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling

Past Operator's License No. 31958

Past Operator's Name & Address: Hesse Petroleum Company, LLC
400 N. Woodlawn, Suite 7, Wichita, KS 67208

Title: Partner

Contact Person: David C. Hesse

Phone: 316-685-4746

Date: October 20, 2011

Signature: David C. Hesse

New Operator's License No. 31714

New Operator's Name & Address: Novy Oil & Gas, Inc.
125 N. Market, Suite 1230 Wichita, KS 67202

Title: Vice President

Contact Person: Michael E. Novy

Phone: 316-265-4651

Oil / Gas Purchaser: NCRA

Date: October 20, 2011

Signature: Michael E. Novy

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.

_____ is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: _____. Recommended action: _____

Date: _____
Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____

Date: _____
Authorized Signature

DISTRICT _____ EPR _____ PRODUCTION _____ UIC _____
Mail to: Past Operator _____ New Operator _____ District _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

* Lease Name: KSU #2-3 * Location: 2630' FSL & 560' FEL

A separate sheet may be attached if necessary

* When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1

July 2010

Form Must Be Typed

Form must be Signed

All blanks must be Filled

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 31958
Name: Hesse Petroleum Company, LLC
Address 1: 400 N. Woodlawn
Address 2: Suite 7
City: Wichita State: KS Zip: 67208 + 4333
Contact Person: David C. Hesse
Phone: (316) 685-4746 Fax: (316) 685-4749
Email Address: dave@hessepetro.com

Well Location:
100' E E/2 E/2 Sec. 3 Twp. 23 S. R. 10 ☐ East ☒ West
County: Reno
Lease Name: KSU Well #: 2-3

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: Frank DeLoach
Address 1: 2901 Frederical Road
Address 2: _____
City: St. Simons Island State: GA Zip: 31522 + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

☒ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 10/20/2011 Signature of Operator or Agent: [Signature] Title: Partner