KOLAR Document ID: 1863770

***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 #: 32933
Name: Miller, Todd dba Speedy Well Service
Address 1: 402 W ELM ST
Address 2:
City: SEDAN State: KS Zip: 67361 + 1219
Contact Person: Todd Miller
Phone: ( 620 ) 7253631

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 - 15-019-24010-00-00
Spot Description:
SW - NW - SE - SE Sec. 19 Twp. 33 S. R. 11 ☑ East ☐ West
911 Feet from ☐ North / ☑ South Line of Section
1052 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Chautauqua
Lease Name: HOUCHIN/PETTIGROVE Well #: 4A
Date Well Completed:
The plugging proposal was approved on: *(Date)*
by: *(KCC **District** Agent's Name)*
Plugging Commenced: 10/2/2025
Plugging Completed: 10/2/2025

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 |
| | | | | | |
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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.

2000ft 15 sacks, mud spacer, perfed at 1000ft 15 sacks, mud spacer, perfed at 350ft 45 sacks, cut, covered plugged 10-2-25

Plugging Contractor License #: 35463 Name: SWS Operations LLC
Address 1: 315 N HOOPER ST Address 2:
City: SEDAN State: KS Zip: 67361 + 1224
Phone: ( 620 ) 249-7938
Name of Party Responsible for Plugging Fees: Todd Miller
State of KS 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