

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



Cement, Acid, or Tools

Service Ticket

Ticket # 10232025E

Date: 10/23/2025

CHARGE TO: RUNNING FOXES PETROLEUM, INC.

ADDRESS: 1690 155th St

CITY Ft Scott STATE KS ZIP 66701

LEASE & WELL NO.: WRIGHT 3

OPERATOR Running Foxes Petroleum, Inc.

KIND OF JOB: P&A

SEC. 13 TWP. 8S RNG. 21 E

API# 15-103-21206

Time Out:

Time On:

Time Off:

Time In:

Total Hrs:

Mileage Out:

Mileage In:

Total Miles:

Quantity	Material	Used	Serv. Charge
103 SACKS	PORTLAND CEMENT		
	PUMP CHARGE		
	BULK CHARGE		
	BULK TRK. MILES		
	PUMP TRK MILES		
	WATER TRK HRS		
	2,000# VALVE		
			SALES TAX
			TOTAL

T.D.	1310'	CSG SET AT	1310'	VOLUME	
SIZE HOLE	4.5"	Open Hole		VOLUME	
MAX PRESS.	400 PSI	PIPE SIZE			
PLUG DEPTH		PKER DEPTH			
		Cement Wt.			

REMARKS: Pumped 103 sacks of Portland Cement from TD to surface.

EQUIPMENT USED

NAME:

UNIT NO.#

Hurricane Cementing Unit

NAME:

UNIT #

Jesse Smith

Casey Kennedy

Kenny Miller