

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.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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

GRESSEL OIL FIELD SERVICE

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

BURRTON, KS ♦ GREAT BEND, KS ♦ HAYS, KS ♦
 (620) 463-5161 (620) 793-3366 (785) 628-3220

INVOICE NUMBER:
L3056-IN

BILL TO:
ROCKHOUND PETROLEUM, LLC
255 NE 30TH ST
ST JOHN, KS 67576

LEASE: BEELEY 1-23

| DATE | ORDER | SALESMAN | ORDER DATE | PURCHASE ORDER | SPECIAL INSTRUCTIONS | |
|---|-------|---|------------|-----------------------|----------------------|-----------------|
| 01/15/2026 | 3056 | | 01/07/2026 | BEELEY 1-23 | NET 30 | |
| QUANTITY | U/M | ITEM NO./DESCRIPTION | | D/C | PRICE | EXTENSION |
| | | CUT 5 1/2" CASING WITH #1 CAST BOOSTER AT 2500', SET 5 1/2" ALPHA M-2 CIBP AT 4950', DUMP 2 SACKS CEMENT ON PLUG. | | | | |
| 1.00 | EACH | SET UP WIRELINE | | 30.00 | 1,000.00 | 700.00 |
| 1.00 | EACH | CUT CASING AT 2500' | | 30.00 | 1,200.00 | 840.00 |
| 1.00 | EACH | CAST IRON BRIDGE PLUG | | 30.00 | 850.00 | 595.00 |
| 4,950.00 | EACH | SET CIBP | | 30.00 | 0.22 | 762.30 |
| 1.00 | EACH | DUMP BAILER | | 30.00 | 300.00 | 210.00 |
| | | 2-1-26 2562 | | | | |
| REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060 | | LTG | | Net Invoice: | | 3,107.30 |
| RECEIVED BY _____ | | NET 30 DAYS | | COMCO Sales Tax: | | 201.97 |
| | | | | Invoice Total: | | 3,309.27 |

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.



3056

Field Service, LLC

P.O. BOX 438
Haysville, KS 67060
(316) 524-1225 FAX (316) 524-1027

Date 1-7-26

CHARGE TO: Rock Hound Petroleum
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. Deeley 1-28 FIELD _____
 NEAREST TOWN _____ COUNTY Comanche STATE KS
 SPOT LOCATION _____ SEC. 23 TWP. 32 RANGE 18W
 ZERO Gr.L. CASING SIZE 5 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ GRESSEL _____ FLUID LEVEL _____
 ENGINEER Leibretz OPERATOR _____

| PERFORATING | | | | |
|------------------------------------|-----------|-------|------|---------|
| Description | No. Shots | Depth | | Amount |
| | | From | To | |
| cut 5 1/2" casing with 1# cast bit | 1 | | 2580 | 1200.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| DEPTH AND OPERATIONS CHARGES | | | | | |
|---------------------------------|-------|------|---------------|---------------|---------|
| Description | Depth | | Total No. Ft. | Price Per Ft. | Amount |
| | From | To | | | |
| set 5 1/2" Alpha M-2 CFBP #4950 | 0 | 4950 | 4950 | 22 | 1089.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| MISCELLANEOUS | | |
|-----------------------------|----------|---------|
| Description | Quantity | Amount |
| Service Charge | 1 | 1000.00 |
| Dump 2 sacks cement on plug | 1 | 300.00 |
| 5 1/2" Alpha M-2 CFBP | 1 | 850.00 |
| | | |
| | | |

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 | 4439.00 |
| Tax | 307.30 |
| | |
| | |

Customer Signature _____ Date _____

COPELAND

Acid & Cement

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

Invoice

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C61335-IN

BILL TO:
ROCKHOUND PETROLEUM, LLC
255 NE 30TH ST
ST JOHN, KS 67576

LEASE: BEELEY 1-23

| DATE | ORDER | SALESMAN | ORDER DATE | PURCHASE ORDER | SPECIAL INSTRUCTIONS | |
|---|-------|---|------------|-----------------------|----------------------|-----------------|
| 01/14/2026 | 61335 | | 01/08/2026 | BEELEY 1-23 | NET 30 | |
| QUANTITY | U/M | ITEM NO./DESCRIPTION | | D/C | PRICE | EXTENSION |
| | | JANUARY 7, 2026 | | | | |
| 100.00 | MI | MILEAGE CEMENT PUMP TRUCK | | 0.00 | 6.00 | 600.00 |
| | | JANUARY 8, 2026 | | | | |
| 100.00 | MI | MILEAGE CEMENT PUMP TRUCK | | 0.00 | 6.00 | 600.00 |
| 1.00 | EA | PUMP CHARGE PLUG | | 0.00 | 700.00 | 700.00 |
| 205.00 | SK | 60/40 POZ MIX 2% GEL | | 0.00 | 15.55 | 3,187.75 |
| 4.00 | SK | 2% ADDITIONAL GEL | | 0.00 | 25.25 | 101.00 |
| 209.00 | EA | BULK CHARGE | | 0.00 | 1.25 | 261.25 |
| 461.00 | MI | BULK TRUCK - TON MILES | | 0.00 | 1.10 | 507.10 |
| | | 2-1-26 2863 | | | | |
| REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060 | | COP | | Net Invoice: | | 5,957.10 |
| | | FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. | | COMCO Sales Tax: | | 387.21 |
| RECEIVED BY _____ | | NET 30 DAYS | | Invoice Total: | | 6,344.31 |

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas



TREATMENT REPORT

Acid Stage No. _____

Date 1/8/2026 District GB F.O. No. C-61335
 Company ROCKHOUND
 Well Name & No. BEELEY 1-23
 Location 23-32-18W Field _____
 County COMANCHE State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

Casing: Size _____ Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____

Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0

Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Pump Trucks: No. Used: Std. 365 Sp. _____ Twin _____
 Auxiliary Equipment 317-310T
 Personnel GREG JON
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative KEATON JONES Treater GREG CURTIS

| TIME | PRESSURES | | Total Fluid Pumped | |
|------|-----------|--------|--------------------|---|
| | Tubing | Casing | | |
| 9:15 | | | | ON LOCATION 1/7/2026 |
| | | | | SET CIBP @ 4950' |
| | | | | PRESSURE TEST CASING. CASING DID NOT HOLD |
| 3:15 | | | | DISMISSED FOR THE DAY |
| 8:45 | | | | ON LOCATION 1/8/2026 |
| | | | | PUMP 50 SKS @ 1080' |
| | | | | PUMP 50 SKS @ 720'. NO CIRCULATION. WAIT TO TAG CEMENT |
| | | | | TAGGED CEMENT @ 1100'. BREAK CIRCULATION WITH WATER TOOK 32 BBL'S |
| | | | | PUMP 50 SKS @ 720' |
| | | | | CIRCULATE CEMENT FROM 60' TO SURFACE, TOOK 40 SKS |
| | | | | TOPPED OFF WITH 15 SKS |
| 3:00 | | | | JOB COMPLETE |
| | | | | THANK YOU!!! |