KOLAR Document ID: 1888926

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 #: 33776
Name: Richardson, James Brian and Julie D. dba Richardson Developments
Address 1: 361 N HOLMES RD
Address 2:
City: SALINA State: KS Zip: 67401 + 9505
Contact Person: Brian Richardson
Phone: (785) 452-1130
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 - 15-169-00405-00-00
Spot Description:
NW - SE - NE - SE Sec. 8 Twp. 14 S. R. 2 ☐ East ☑ West
1660 Feet from ☐ North / ☑ South Line of Section
383 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Saline
Lease Name: JOHNSON Well #: 1
Date Well Completed: 1973
The plugging proposal was approved on: 11/20/2025 *(Date)*
by: Keith Karlin *(KCC **District** Agent's Name)*
Plugging Commenced: 11/22/2025
Plugging Completed: 11/22/2025

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
		Surface	8.625	160	
		Production	3.5	3000	

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.

Surface cemented with 195 sacks
Production cemented with 100 sacks

Plugging Contractor License #: 32983 Name: Steve's Well Service, Inc.
Address 1: 418 NE 10 AVE Address 2:
City: GREAT BEND State: KS Zip: 67530 + 9276
Phone: (620) 786-1215
Name of Party Responsible for Plugging Fees: Brian Richardson
State of KS County, Saline , ss.
Brian Richardson *(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