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 #: 0
Name: Landowner
Address 1: PO Box 442438
Address 2:
City: Lawrence State: KS Zip: 66044 + _ _ _ _
Contact Person: Mark Bowden
Phone: (785) 550-5090-

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 - 15-103-21425-00-00
Spot Description:
NW - SW - NW - NE Sec. 23 Twp. 12 S. R. 20 ☑ East ☐ West
4467 Feet from ☐ North / ☑ South Line of Section
2450 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Leavenworth
Lease Name: ROBBINS Well #: 8
Date Well Completed:
The plugging proposal was approved on: *(Date)*
by: *(KCC **District** Agent's Name)*
Plugging Commenced: 02/05/2026
Plugging Completed: 02/05/2026

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	7	62	
		Production	2.875	841	

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.

Squeezed, pumped 58 sks of H Plug cement with 20# cottonseed hulls.

Plugging Contractor License #: 32218 Name: TDR Construction, Inc.
Address 1: 4453 SHAWNEE RD Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8756
Phone: (913) 710-5400
Name of Party Responsible for Plugging Fees: Mark Bowden
State of Kansas County, Douglas , 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