

**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

COMPANY HONEY OIL COMPANY,  
WELL MCCOMB B-1  
FIELD ZENITH-PEACE CREEK  
COUNTY STAFFORD STATE KS

COMPANY HONEY OIL COMPANY, INC.

WELL MCCOMB B-1

FIELD ZENITH-PEACE CREEK

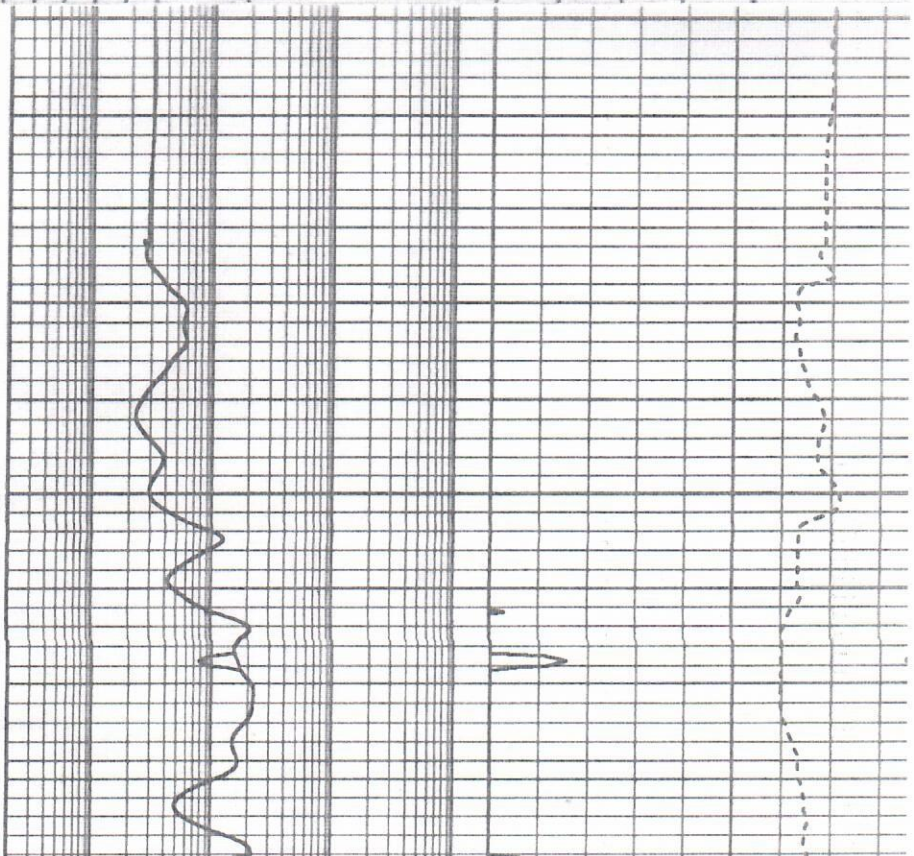
COUNTY STAFFORD  
RPT NO 15-185-22,920  
LOCATION SOFT N RND SOFT N OF C SE NW

STATE KS  
OTHER SERVICES  
DIL  
FF-MSG  
CORRAL

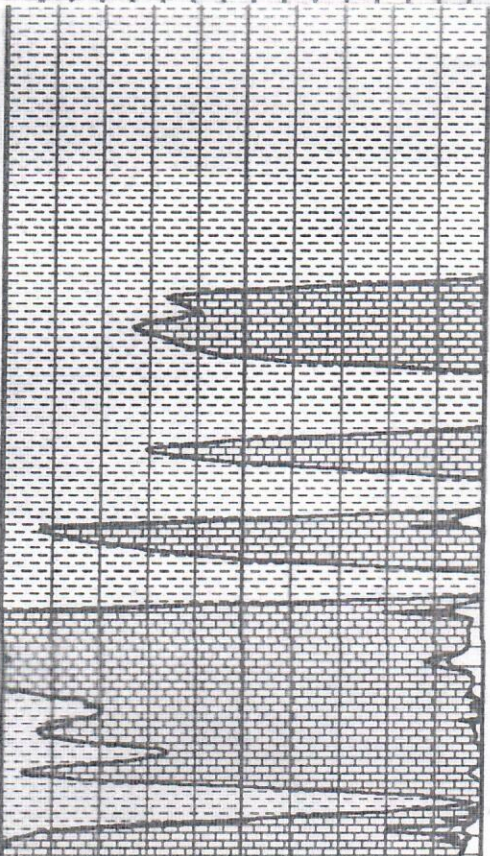
SECT 21 TWP 24N RGE 11W

PERMANENT DATUM G.L. ELEV. 1767 ELEV.: K.B. 1776  
LOG MEASURED FROM K.B. 9 FT. ABOVE PERM DATUM D.F. N.A.  
DRILLING MEASURED FROM K.B. G.L. 1767

DATE	8/7/93			
RUN NO.	ONE			
DEPTH-DRILLER	3960			
DEPTH-LOGGER	3957			
BTM. LOG INTER	3897			
TOP LOG INTER	3100			
CORING DRILLER	10.75x257			
CORING-LOGGER	257			
BIT SIZE	7 7/8			
TYPE FLUID IN HOLE	LOW SOLIDS			
DENS. : VISC.	9.3 : 145			
PH : FLUID LOSS	10.0 : 18.8			
SOURCE OF SAMPLE	FLOWLINE			
RH @ MERS. TEMP.	0.72 @ 81			
RH @ MERS. TEMP.	0.63 @ 80			
RHC @ MERS. TEMP.	0.96 @ 80			
SOURCE RPT:RMC	MERS. 1MERS.			
RH @ BIT	0.51 @ 116			
TIME SINCE CIRC.				
TIME ON BOTTOM				
MAX. REC TEMP.	116 @ T.D.			
EQUIP. : LOCATION	512991GT. B			
RECORDED BY	BHR8			
WITNESSED BY	HR MILLINGS			

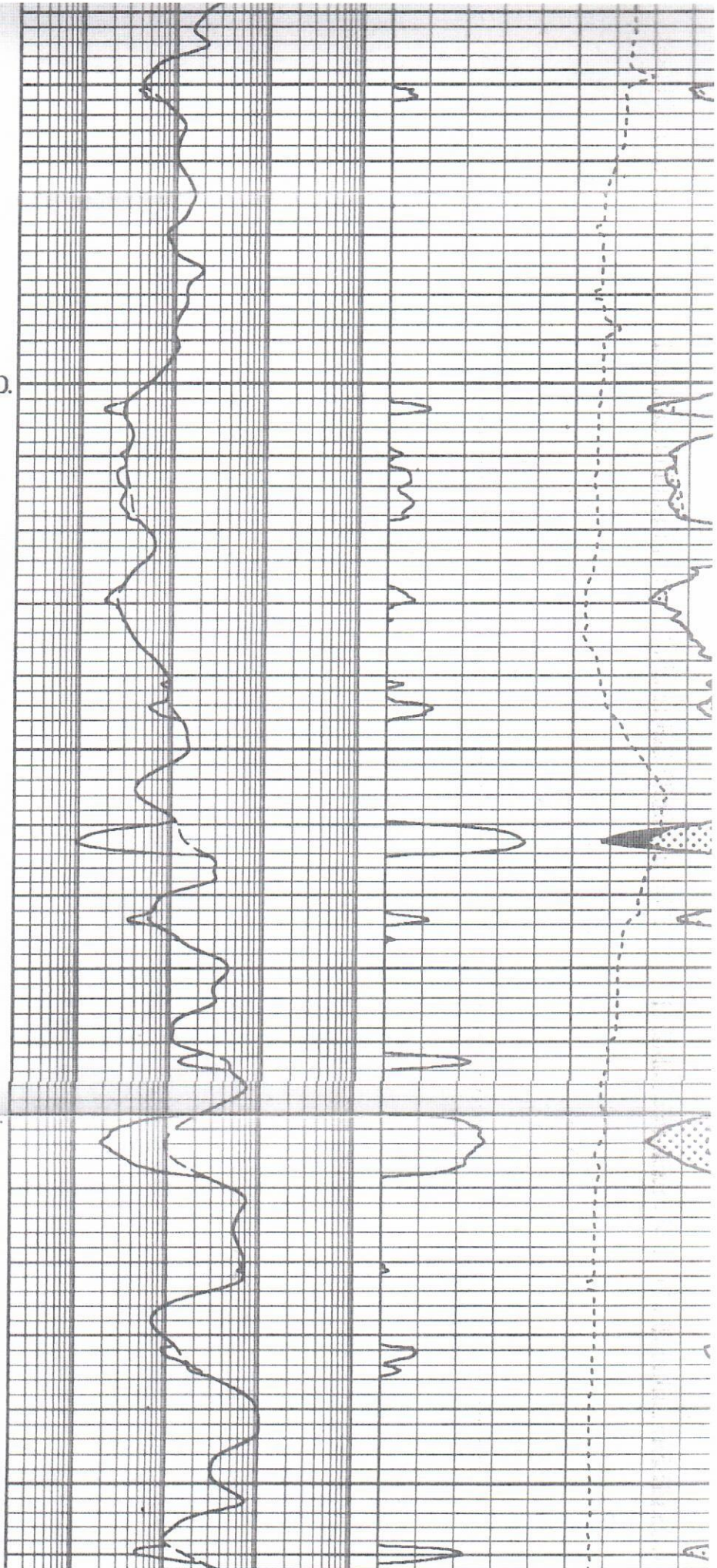
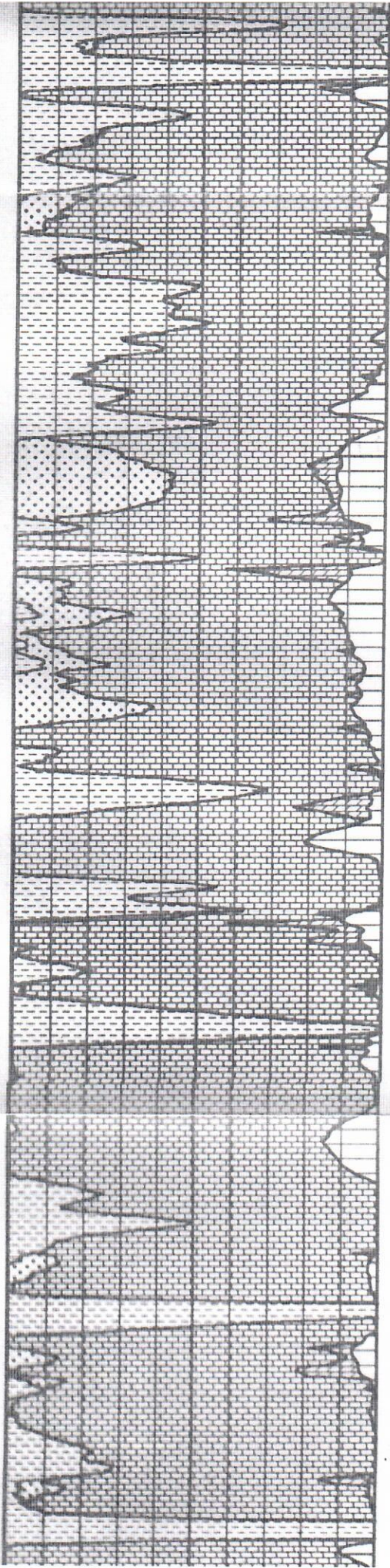


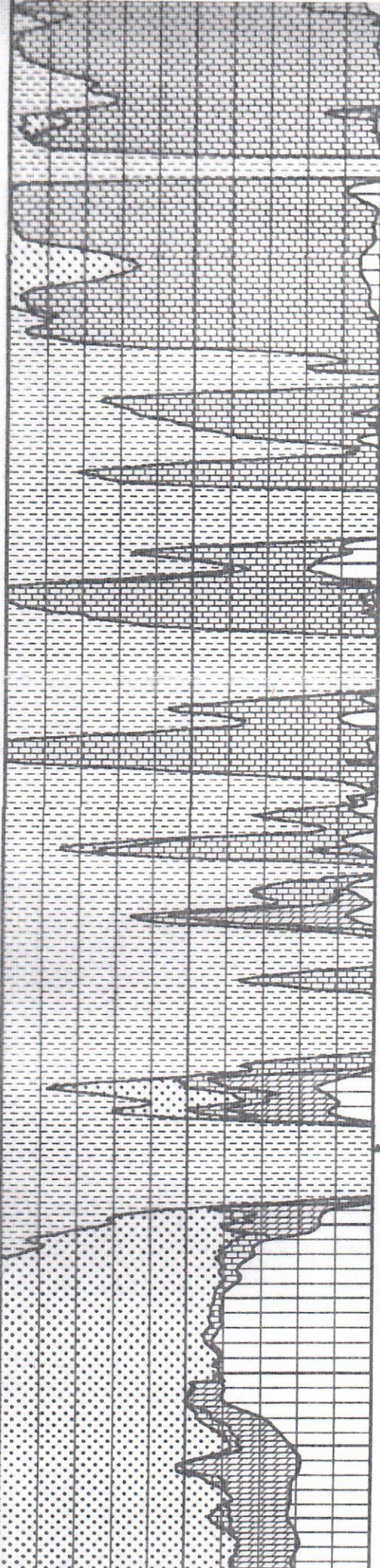
3400.



3500.

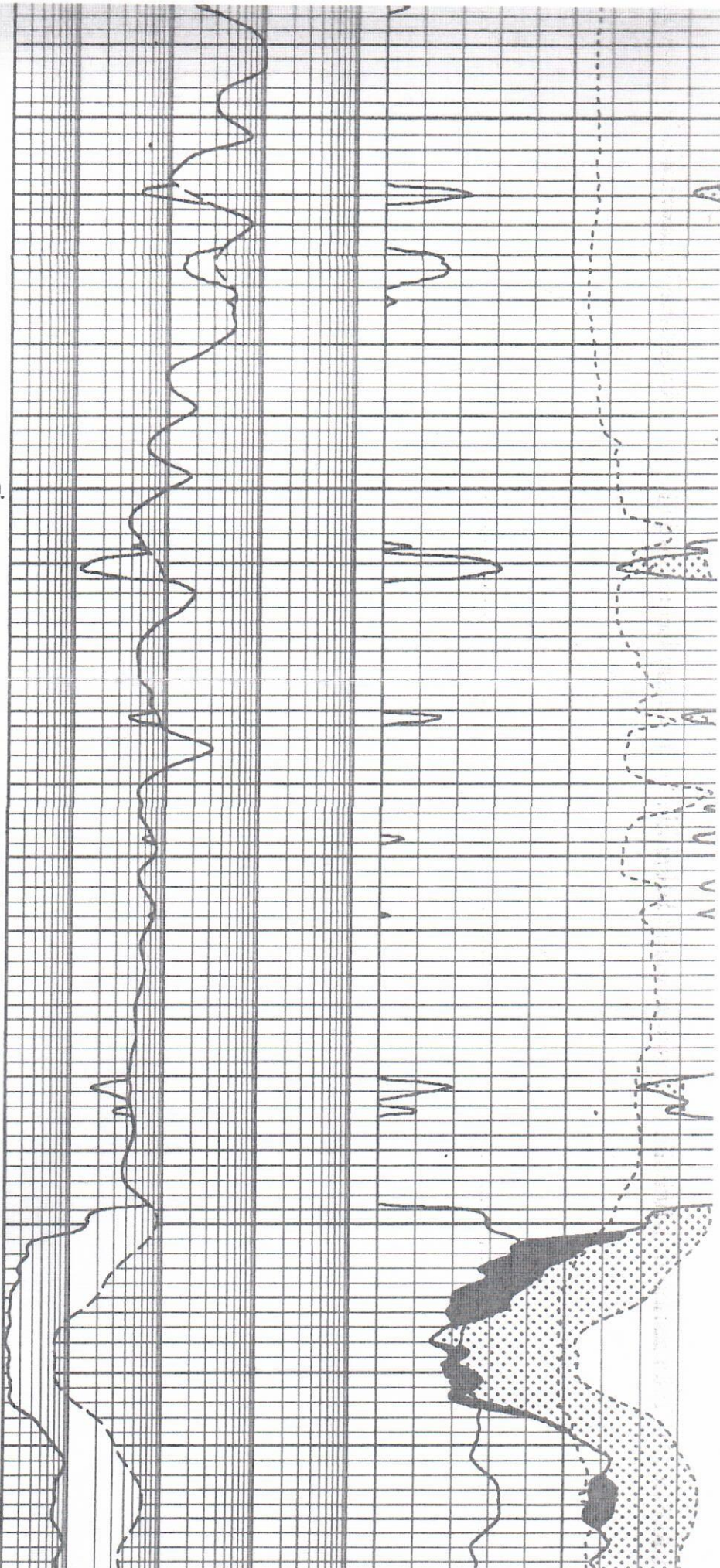
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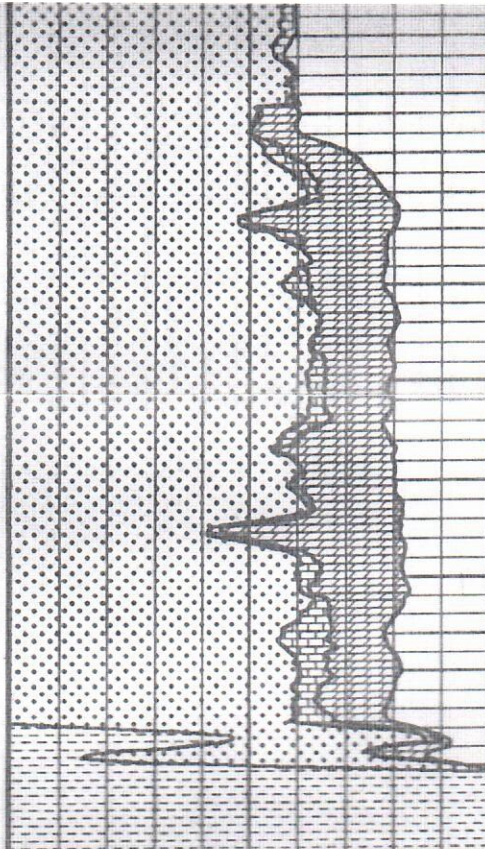




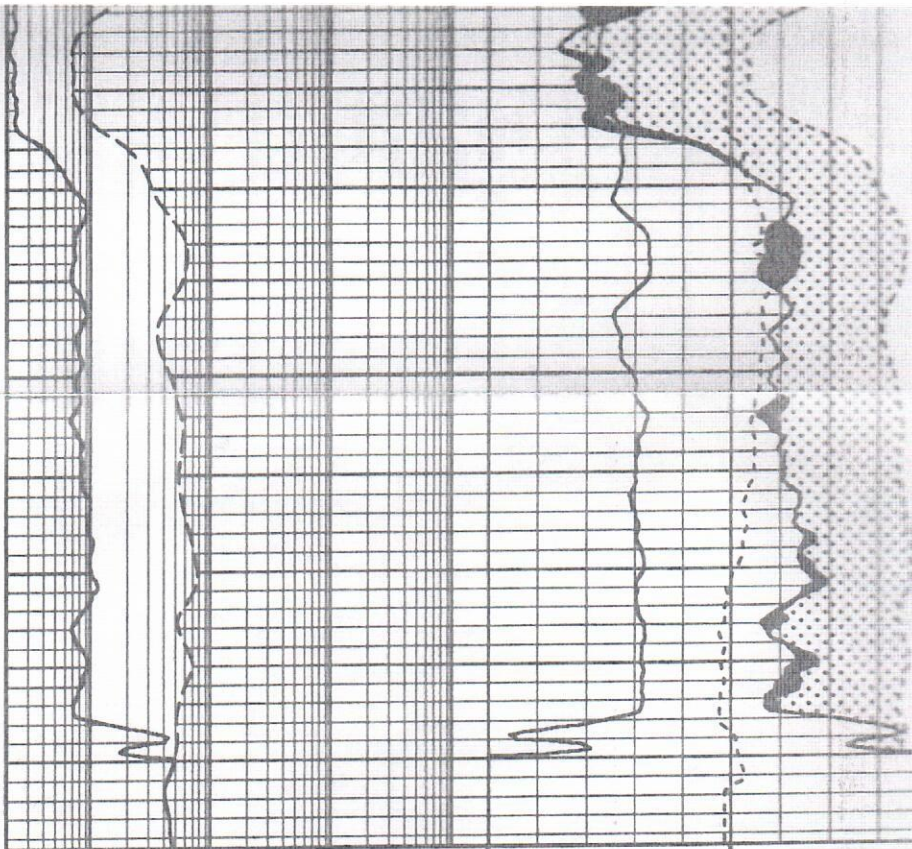
3700.

3800.





VOL DOLOMITE	
0.	1.
VOL LIME	
0.	1.
VOL SAND	
0.	1.
VOL ANHYDRIT	
0.	1.
VOL CLAY	
0.	1.



			SW	
			1.	0.
			DIFF CALIPER	
			-5	INCHES
			BVWX	
			.5	BULK VOLUME
			WATER	
			EFF POROSITY	
	RO			
.2	OHMM	2000	.5	
	RT			
.2	OHMM	2000	.5	

CURRENT PLS-II PARAMETER VALUES

DATE: 7-AUG-1993 23:55:03

MNEMONIC	DESCRIPTION	VALUE
AGECOR	SHALE VOLUME AGE CORRECTION	LINE
STEIBR	STEIBER COEFFICIENT	3.00
	MAXIMUM NEUTRON POROSITY	1.00



**TREATMENT REPORT**

Acid Stage No. \_\_\_\_\_

Date <u>3/2/2026</u> District <u>GB</u> F.O. No. <u>C-61377</u> Company <u>SMITH OIL</u> Well Name & No. <u>MCCOMB B-1</u> Location _____ Field _____ County _____ State <u>KS</u>  Casing: Size <u>5 1/2</u> Type & Wt. _____ Set at _____ ft. Formation: _____ Perf. _____ to _____ Formation: _____ Perf. _____ to _____ Formation: _____ Perf. _____ to _____ Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft. Cemented: Yes <input checked="" type="checkbox"/> Perforated from _____ ft. to _____ ft. Tubing: Size & Wt. <u>2 7/8</u> Swung at _____ ft. Perforated from _____ ft. to _____ ft.  Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Type Treatment:</th> <th>Amt.</th> <th>Type Fluid</th> <th>Sand Size</th> <th>Pounds of Sand</th> </tr> <tr> <td>Bkdown</td> <td>_____ Bbl./Gal.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____ Bbl./Gal.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____ Bbl./Gal.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____ Bbl./Gal.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Flush</td> <td>_____ Bbl./Gal.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Treated from</td> <td>_____ ft. to _____ ft.</td> <td></td> <td></td> <td>No. ft. <u>0</u></td> </tr> <tr> <td>from</td> <td>_____ ft. to _____ ft.</td> <td></td> <td></td> <td>No. ft. <u>0</u></td> </tr> <tr> <td>from</td> <td>_____ ft. to _____ ft.</td> <td></td> <td></td> <td>No. ft. <u>0</u></td> </tr> <tr> <td colspan="4">Actual Volume of Oil / Water to Load Hole: _____</td> <td>Bbl./Gal. _____</td> </tr> <tr> <td>Pump Trucks</td> <td>No. Used: <u>318</u></td> <td>Std. _____</td> <td>Sp. _____</td> <td>Twin _____</td> </tr> <tr> <td colspan="3">Auxiliary Equipment</td> <td colspan="2"><u>327</u></td> </tr> <tr> <td colspan="5">Personnel <u>GREG JON</u></td> </tr> <tr> <td colspan="5">Auxiliary Tools _____</td> </tr> <tr> <td colspan="5">Plugging or Sealing Materials: Type _____</td> </tr> <tr> <td colspan="4"></td> <td>Gals. _____ lb. _____</td> </tr> </table>	Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand	Bkdown	_____ Bbl./Gal.	_____	_____	_____		_____ Bbl./Gal.	_____	_____	_____		_____ Bbl./Gal.	_____	_____	_____		_____ Bbl./Gal.	_____	_____	_____	Flush	_____ Bbl./Gal.	_____	_____	_____	Treated from	_____ ft. to _____ ft.			No. ft. <u>0</u>	from	_____ ft. to _____ ft.			No. ft. <u>0</u>	from	_____ ft. to _____ ft.			No. ft. <u>0</u>	Actual Volume of Oil / Water to Load Hole: _____				Bbl./Gal. _____	Pump Trucks	No. Used: <u>318</u>	Std. _____	Sp. _____	Twin _____	Auxiliary Equipment			<u>327</u>		Personnel <u>GREG JON</u>					Auxiliary Tools _____					Plugging or Sealing Materials: Type _____									Gals. _____ lb. _____
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Company Representative MIKE KELSO Treater GREG CURTIS

TIME	PRESSURES		Total Fluid Pumped	
	Tubing	Casing		
8:00				ON LOCATION 2/27/2026
				PUMP 35 SKS @ 3800'
				ATTEMPT TO CIRCULATE CEMENT FROM 600', PUMPED 200 SKS, NO CIRCULATION, JUST A SLIGHT BLOW
				TAG ON MONDAY
10:45				DISMISSED FOR THE DAY
8:30				ON LOCATION 3/2/2026
				TAGGED @ 280'
				CIRCULATE CEMENT FROM 280', TOOK 50 SKS
				TIED ON TO SURFACE PIPE AND PUMPED 10 SKS, PSI TO 500#
				TOPPED OFF WITH 5 SKS
10:00				JOB COMPLETE
				THANK YOU!!!